

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014299

Entity Name: CHOICE COMPANION CARE, LLC

Current Principal Place of Business:

7400 SW 136 STREET
MIAMI, FL 33156

Current Mailing Address:

P.O. BOX 562230
MIAMI, FL 33256 US

FEI Number: 45-4557277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTIMORE, VIVIAN
7400 SW 136TH STREET
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MATTIMORE, VIVIAN	Name	CAPP, BARBARA
Address	7400 SW 136 STREET	Address	13700 SW 70TH AVE.
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33158

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVIAN C. MATTIMORE

MGRM

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date