

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019256

**Entity Name:** FIVE WISHES CARE, LLC

**Current Principal Place of Business:**

186 SE. PLANT ST.  
LAKE CITY, FL 32025

**Current Mailing Address:**

186 SE. PLANT ST  
LAKE CITY, FL 32025 US

**FEI Number: 45-4312561**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ASCHERFELD, DEBORAH  
186 SE. PLANT ST.  
LAKE CITY, FL 32025 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 MGR  
Name DEBORAH, ASCHERFELD  
Address 186 SE. PLANT ST.  
City-State-Zip: LAKE CITY FL 32025

*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: DEBORAH ASCHERFELD**

**MANAGER**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date