

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000032730

**Entity Name:** KNOT A CARE, LLC

**Current Principal Place of Business:**

500 MARKET STREET  
SUITE 107  
BRIDGEWATER, PA 15009

**Current Mailing Address:**

500 MARKET STREET  
SUITE 107  
BRIDGEWATER, PA 15009 US

**FEI Number:** 45-4733032

**Certificate of Status Desired:** No

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

ARNETT & KERRIGAN, PL  
600 GRAND BLVD.  
SUITE 206  
MIRAMAR BEACH, FL 32550 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 PAPPAN, KAREN  
Address 500 MARKET STREET  
SUITE 107  
City-State-Zip: BRIDGEWATER PA 15009

*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:** KAREN PAPPAN

MGR

04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date