

2017 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:

PO BOX 338
BEAVER, PA 15009 US

FEI Number: 45-4733032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARNETT & KERRIGAN, PL
613 COUNTY HIGHWAY 393 SOUTH
SANTA ROSA BEACH FL 32459 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 PO BOX 338
City-State-Zip: BEAVER 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

03/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date