•	-		CC878	9579915
Current Mai	ling Address:			
4989 LINWO SARASOTA	OOD ST FL 34232 US			
FEI Number: 46-1744021		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
TURNER, DAN 4989 LINWOOI SARASOTA, FL) ST	registered office or regis	tered agent or both in the State of F	lorida
	E: DANIEL TURNER	egistered embe er regie		
	Electronic Signature of Registered Agent			04/03/2018
				04/03/2018 Date
Authorized	Person(s) Detail :			
Authorized	Person(s) Detail : MGR	Title	AME	
		Title Name	AME SPENCER, TRACY	
Title	MGR		· ···-	
Title Name	MGR TURNER, DANIEL 4989 LINWOOD ST	Name	SPENCER, TRACY 4989 LINWOOD ST	
Title Name Address	MGR TURNER, DANIEL 4989 LINWOOD ST	Name Address	SPENCER, TRACY 4989 LINWOOD ST	

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: DANIEL TURNER

MGR

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000048625

Entity Name: POYAL TREATMENT HOME AND PROPERTY CARE I.C.

FILED Apr 03, 2018 Secretary of State

Date