

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000085502

Entity Name: COMPASSIONATE ELDERLY CARE, LLC

Current Principal Place of Business:

5196 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

Current Mailing Address:

5196 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

FEI Number: 46-0593106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVARGNA, CARRIE SESQ
401 SE OSCEOLA STREET
SUITE 101 LOWER LEVEL
STUART, FL 34994 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	GWINN, WALTER EIII	Name	GWINN, RITA A
Address	5196 SW HAMMOCK CREEK DRIVE	Address	5196 SW HAMMOCK CREEK DRIVE
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

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: WALTER GWINN III

MGRM

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date