

**2017 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  
Name GWINN, WALTER EIII  
Address 5196 SW HAMMOCK CREEK DRIVE  
City-State-Zip: PALM CITY FL 34990

Title MGRM  
Name GWINN, RITA A  
Address 5196 SW HAMMOCK CREEK DRIVE  
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**

**VP**

**01/16/2017**

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

\_\_\_\_\_  
Date