

**2020 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 US

**FEI Number: 46-0593106**

**Certificate of Status Desired: No**

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

LAVARGNA LAW, PLLC  
1803 S KANNER HIGHWAY  
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**

**VICE PRESIDENT**

**01/15/2020**

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

\_\_\_\_\_  
Date