## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000021933

Entity Name: WE CARE COMPANIONS, LLC

## **Current Principal Place of Business:**

2220 CR 210 WEST SUITE 108-402 JACKSONVILLE, FL 32259

# **Current Mailing Address:**

2220 CR 210 WEST SUITE 108-402 JACKSONVILLE, FL 32259 US

### FEI Number: 46-4653690

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

VAN DUZEN, ROBIN C MS. 2220 CR 210 WEST SUITE 108-402 JACKSONVILLE, FL 32259 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

# Authorized Person(s) Detail :

Authorized Person(s) Detail :					
	Title	MGR	Title	MANAGER	
	Name	VAN DUZEN, ROBIN C MS.	Name	HAYES, BARBARA L	
	Address	2220 CR 210 WEST SUITE 108-402	Address	2220 CR 210 WEST SUITE 108-402	
	City-State-Zip:	JACKSONVILLE FL 32259	City-State-Zip:	JACKSONVILLE FL 32259	

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: BARBARA HAYES

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date