

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000130824

Entity Name: SAFE HARBOR ELDERCARE SERVICES, LLC

Current Principal Place of Business:

11125 PARK BLVD
STE# 104217
SEMINOLE, FL 33772

Current Mailing Address:

11125 PARK BLVD
STE# 104217
SEMINOLE, FL 33772 US

FEI Number: 46-3722374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA FL 33601 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: PHILIP CLARKE, ESQ

02/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, MANAGING PARTNER
Name FISHER, MARIANNE
Address 11125 PARK BLVD
STE# 104217
City-State-Zip: SEMINOLE FL 33772

Title MGR
Name CLARKSON, TODD
Address 11125 PARK BLVD
STE# 104217
City-State-Zip: SEMINOLE FL 33772

Title MGR
Name COLLINS, DONALD
Address 11125 PARK BLVD
STE# 104217
City-State-Zip: SEMINOLE FL 33772

Title AR
Name CLARKE, PHILIP
Address PO BOX 800
City-State-Zip: TAMPA FL 33601

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: MARIANNE FISHER

CEO

02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date