

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000139710

**Entity Name:** SUPERIOR ELDER CARE LLC

**Current Principal Place of Business:**

39 OHIO RD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

39 OHIO RD  
LAKE WORTH, FL 33467 US

**FEI Number:** 47-1816239

**Certificate of Status Desired:** No

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

OLIPHANT, ASHLEY M  
39 OHIO RD  
LAKE WORTH, FL 33467 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:** ASHLEY OLIPHANT

01/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name OLIPHANT, ASHLEY  
Address 39 OHIO RD  
City-State-Zip: LAKE WORTH FL 33467

*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:** ASHLEY OLIPHANT

MANAGER

01/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date