

2017 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:

DAVIS, DONTRELL V
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name DAVIS, DONTRELL V
Address 39 OHIO RD
City-State-Zip: LAKE WORTH FL 33467

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

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date