

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000176985

**Entity Name:** CC CARES, LLC

**Current Principal Place of Business:**

1591 SE CROQUET STREET  
SUITE A  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

1591 SE CROQUET STREET  
SUITE A  
PORT ST. LUCIE, FL 34983 US

**FEI Number:** 47-5471948

**Certificate of Status Desired:** No

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

COSTA, CATHERINE F  
1591 SE CROQUET STREET  
SUITE A  
PORT ST. LUCIE, FL 34983 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 MGR  
Name FERRARA COSTA, CATHERINE  
Address 1591 SE CROQUET STREET  
City-State-Zip: PORT ST. LUCIE FL 34983

*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:** CATHERINE FERRARA COSTA

MGR

02/21/2017

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

\_\_\_\_\_  
Date