

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199605

**Entity Name:** CARING CONNECTIONS, LLC

**Current Principal Place of Business:**

3019 N SHANNON LAKES DR  
SUITE 204  
TALLAHASSEE, FL 32309

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**1196845369CC**

**Current Mailing Address:**

3019 N SHANNON LAKES DR  
SUITE 204  
TALLAHASSEE, FL 32309 US

**FEI Number:** 35-2547993

**Certificate of Status Desired:** No

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

GAGNE, MARY E  
3019 N SHANNON LAKES DR  
SUITE 204  
TALLAHASSEE, FL 32309 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:** MARY E GAGNE

03/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GAGNE, STEPHEN C  
Address 3019 N SHANNON LAKES DR  
SUITE 204  
City-State-Zip: TALLAHASSEE FL 32309

Title OWNER  
Name GAGNE, MARY E  
Address 3019 N SHANNON LAKES DR  
SUITE 204  
City-State-Zip: TALLAHASSEE FL 32309

*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:** MARY GAGNE

**ADMINISTRATOR**

03/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date