

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000199605

**Entity Name:** CARING CONNECTIONS, LLC

**Current Principal Place of Business:**

267 JOHN KNOX RD  
SUITE 210  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

267 JOHN KNOX RD  
SUITE 210  
TALLAHASSEE, FL 32303 US

**FEI Number:** 35-2547993

**Certificate of Status Desired:** No

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

GAGNE, MARY E  
267 JOHN KNOX RD  
SUITE 210  
TALLAHASSEE, FL 32303 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

01/31/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GAGNE, STEPHEN C  
Address 267 JOHN KNOX RD  
SUITE 210  
City-State-Zip: TALLAHASSEE FL 32303

Title OWNER  
Name GAGNE, MARY E  
Address 267 JOHN KNOX RD  
SUITE 210  
City-State-Zip: TALLAHASSEE FL 32303

*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:** STEPHEN GAGNE

OWNER

01/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date