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.

OWNER

SIGNATURE: JOHN LOUDERMILK

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 10355 PARADISE BLVD

311 TREASURE ISLAND, FL 33706

### **Current Mailing Address:**

10355 PARADISE BLVD 311 TREASURE ISLAND, FL 33706 US

### FEI Number: 81-3840766

### Name and Address of Current Registered Agent:

LOUDERMILK, JOHN 10355 PARADISE BLVD 311 TREASURE ISLAND, FL 33706 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.

		с с	•	
SIGNATURE:	JOHN LOUDERMILK			01/21/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	OWNER	Title	MANAGER	
Name	LOUDERMILK, JOHN	Name	LOUDERMILK, JODY BETH	
Address	10355 PARADISE BLVD 311	Address	10355 PARADISE BLVD 311	
City-State-Zip:	TREASURE ISLAND FL 33706	City-State-Zip:	TREASURE ISLAND FL 33706	6

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000171876

Entity Name: ADVANCE ARBOR PROFESSIONAL CARE, LLC

# FILED Jan 21, 2020 Secretary of State 2029500036CC

Certificate of Status Desired: No

01/21/2020