

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000201911

Entity Name: DEVOTED CARE OF FLORIDA, LLC

Current Principal Place of Business:

3434 KNIGHT STATION RD
LAKELAND, FL 33810

Current Mailing Address:

3434 KNIGHT STATION RD
LAKELAND, FL 33810

FEI Number: 81-4331288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEATON, JAMES
2899 DUNHILL CIRCLE
LAKELAND, FL 33810 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 SEEDEN, PEQUILLA L
Address 2899 DUNHILL CIRCLE
City-State-Zip: LAKELAND FL 33810

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: PEQUILLA SEEDEN

MANAGER

03/25/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date