# DOCUMENT# L17000113536

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: A TOUCH OF COMFORT HOME HEALTH CARE LLC

## **Current Principal Place of Business:**

5260 COLLINS ROAD 308 JACKSONVILLE, FL 32244

### **Current Mailing Address:**

5260 COLLINS ROAD 308 JACKSONVILLE, FL 32244

#### FEI Number: 46-3097648

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

GRANT, JOHANNA L 5260 COLLINS ROAD 308 JACKSONVILLE, FL 32244 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

#### Authorized Person(s) Detail :

 
 Title
 CEO

 Name
 GRANT, JOHANNA

 Address
 5260 COLLINS ROAD 308

 City-State-Zip:
 JACKSONVILLE FL 32244

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.

CEO

SIGNATURE: JOHANNA GRANT

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

03/12/2018 Date

Date