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: TASIA MAY

Electronic Signature of Signing Authorized Person(s) Detail

MAY, TASIA L 703 EAST MAGNOLIA AVE

or registered agent, or both, in the State of Florida.

SIGNATURE:	TASIA MAY	

egistered Agent

Authorized Person(s) Detail :

Title MGR Name MAY, TASIA L Address 703 EAST MAGNOLIA AVE City-State-Zip: EUSTIS FL 32726

EUSTIS, FL 32726 US

The above n

named entity submits this statement for the purpose of changing its registered office o		
URE:	TASIA MAY	
	Electronic Signature of Registered Agent	

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000075014

Entity Name: COMPASSIONATE CONNECTIONS HOME CARE, LLC

Current Principal Place of Business:

3103 EUDORA ROAD EUSTIS, FL 32726

Current Mailing Address:

703 EAST MAGNOLIA AVE EUSTIS. FL 32726 US

FEI Number: 82-4946659

Name and Address of Current Registered Agent:

ADMINISTRATOR

05/01/2022

FILED May 01, 2022 Secretary of State 6537329009CC

Certificate of Status Desired: No

05/01/2022 Date

Date