

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000118205

**Entity Name:** COMPASSION CARE TRANSPORTATION LLC

**Current Principal Place of Business:**

5256 LIMELIGHT CIR #3  
ORLANDO, FL 32839

**Current Mailing Address:**

5256 LIMELIGHT CIR #3  
ORLANDO, FL 32839

**FEI Number: 84-1826292**

**Certificate of Status Desired: No**

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

DOVILAS, ANDERSON  
2129 BUCHANAN BAY CIR  
APT 105  
ORLANDO, FL 32839 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            CEO  
Name            DOVILAS, ANDERSON  
Address        1170 POST LAKE PLACE, APT 108  
City-State-Zip: APOPKA FL 32703

Title            P  
Name            ADONIS, COLIMON  
Address        5256 LIMELIGHT CIR #3  
City-State-Zip: ORLANDO FL 32839

Title            VP  
Name            AUGUSTIN, OBERNE  
Address        2500 BAYKAL DR  
City-State-Zip: KISSIMMEE FL 34746

Title            MG  
Name            AUGUSTIN, NELDA  
Address        2500 BAYKAL DR  
City-State-Zip: KISSIMMEE FL 34746

*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: ANDERSON DOVILAS**

**CEO**

**02/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date