## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000296758

**Entity Name: COMPASSIONATED CARE LLC** 

**Current Principal Place of Business:** 

111 N ORANGE AVE SUITE 800

ORLANDO, FL 32801

## **Current Mailing Address:**

111 N ORANGE AVE SUITE 800 ORLANDO, FL 32801 US

FEI Number: 84-3695890 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALFRED, WISMARD 2210 FLEETWOOD COURT ORLANDO, FL 32818 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: WISMARD ALFRED 04/20/2023

Electronic Signature of Registered Agent

ent Date

FILED Apr 20, 2023

**Secretary of State** 

1331900660CC

## Authorized Person(s) Detail:

Title MGR

Name ALFRED, WISMARD
Address 111 N ORANGE AVE

SUITE 800

City-State-Zip: ORLANDO FL 32801

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: WISMARD ALFRED MANAGER 04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date