

**2024 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

03/11/2024

Electronic Signature of Registered Agent

Date

**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

REGISTERED AGENT

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date