

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000119887

**Entity Name:** NEAT COMPANION CARE LLC

**Current Principal Place of Business:**

121 N. FLORIDA AVE  
STE D  
INVERNESS, FL 34453

**Current Mailing Address:**

P. O. BOX 3273  
MCDONOUGH, GA 30253 US

**FEI Number:** 85-2324538

**Certificate of Status Desired:** No

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

WALTON, TIFFANIE  
5167 C R 169  
WILDWOOD, FL 34785 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 MGR  
Name WALTON, TIFFANIE  
Address 5167 C R 169  
City-State-Zip: WILDWOOD FL 34785

*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:** TIFFANIE WALTON

MGR

04/24/2023

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

\_\_\_\_\_  
Date