# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000223812

Entity Name: COMPANION CARE HOME CARE LLC

### **Current Principal Place of Business:**

3416 SOUTH FEDERAL HWY DELRAY BEACH, FL 33483

## **Current Mailing Address:**

3416 SOUTH FEDERAL HWY DELRAY BEACH, FL 33483 US

# FEI Number: 85-2883688

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

HOFMEISTER, BRITTANY 3416 S FEDERAL HWY DELRAY BEACH, FL 33483 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

# Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	HOFMEISTER, BRITTANY	Name	POMPILE, DOMENIC
Address	3416 S FEDERAL HWY	Address	3416 S FEDERAL HWY
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	DELRAY BEACH FL 33483

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: BRITTANY HOFMEISTER

OWNER

04/14/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 14, 2022 Secretary of State 1436817638CC

Certificate of Status Desired: No

Date