

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000223812

**Entity Name:** COMPANION CARE HOME CARE LLC

**Current Principal Place of Business:**

7491 N FEDERAL HWY  
SUITE C16  
BOCA RATON, FL 33487

**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**6239610329CC**

**Current Mailing Address:**

7491 N FEDERAL HWY  
SUITE C16  
BOCA RATON, FL 33487 US

**FEI Number: 85-2883688**

**Certificate of Status Desired: No**

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

HOFMEISTER, BRITTANY  
7491 N FEDERAL HWY  
SUITE C16  
BOCA RATON, FL 33487 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            AMBR  
Name            HOFMEISTER, BRITTANY  
Address        7491 N FEDERAL HWY  
                  SUITE C16  
City-State-Zip: BOCA RATON FL 33487

Title            AMBR  
Name            POMPILE, DOMENIC  
Address        7491 N FEDERAL HWY  
                  SUITE C16  
City-State-Zip: BOCA RATON FL 33487

*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**

**03/08/2023**

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

\_\_\_\_\_  
Date