

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000278055

Entity Name: COMPLETE ELDER SOLUTIONS, LLC

Current Principal Place of Business:

4940 PALM VIEW DR N
MULBERRY, FL 33860

Current Mailing Address:

4940 PALM VIEW DR N
MULBERRY, FL 33860

FEI Number: 87-1226330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCORD, DORIS E
4940 PALM VIEW DR N
MULBERRY, FL 33860 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 MCCORD, DORIS E
Address 4940 PALM VIEW DR N
City-State-Zip: MULBERRY FL 33860

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: DORIS E MCCORD

MGR

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date