## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000449808

Entity Name: TRINITY COMPASSIONATE CARE COMPANION SERVICES,

L.L.C.

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

320 NE JAY ST MADISON, FL 32340

# **Current Mailing Address:**

320 NE JAY ST MADISON, FL 32340

FEI Number: 87-3223876 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

SOLOMON-WARE, MARY E 320 NE JAY ST MADISON, FL 32340 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

**FILED** Feb 19, 2024

**Secretary of State** 

7123860575CC

### Authorized Person(s) Detail:

Name SOLOMON-WARE, MARY E

Address 320 NE JAY ST

City-State-Zip: MADISON FL 32340

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.

Electronic Signature of Signing Authorized Person(s) Detail