

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006901

**Entity Name:** COMPREHENSIVE HOME CARE OF PINELLAS/PASCO, LLC

**Current Principal Place of Business:**

6450 NW 5TH WAY  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

33920 US HWY 19 N  
SUITE 341  
PALM HARBOR, FL 34684 US

**FEI Number:** 56-2324905

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            BRAGG, GARRETT W  
Address        6450 NW 5TH WAY  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** GARRETT BRAGG

MGR

04/30/2019

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

\_\_\_\_\_ Date