## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018614

Entity Name: CLASSIC CARE FOR YOU, LLC

**Current Principal Place of Business:** 

1380 NE MIAMI GARDENS DRIVE

#235

NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:** 

1380 NE MIAMI GARDENS DRIVE #235

NORTH MIAMI BEACH, FL 33179 US

FEI Number: 11-3602273 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLTON, ADLER L 2390 NE 186 ST #3 MIAMI, FL 33180 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 Apr 27, 2017

**Secretary of State** 

CC3640510528

## Authorized Person(s) Detail:

Title MRS

Name ADLER, TERRY

Address 1380 NE MIAMI GARDENS DRIVE

#235

City-State-Zip: NORTH MIAMI BEACH FL 33179

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: TERRY ADLER OWNER 04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date