

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086886

**Entity Name:** LCC ADULT DAY CARE LLC

**Current Principal Place of Business:**

551 EAST 49TH STREET  
12-13  
HIALEAH, FL 33013

**Current Mailing Address:**

551 EAST 49TH STREET  
12-13  
HIALEAH, FL 33013

**FEI Number:** 26-3362941

**Certificate of Status Desired:** No

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

SOCARRAS JR, JORGE F  
551 EAST 49TH STREET  
12-13  
HIALEAH, FL 33013 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:** JORGE FELIX SOCARRAS JR

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SOCARRAS JR, JORGE F  
Address 551 EAST 49TH STREET  
12-13  
City-State-Zip: HIALEAH FL 33013

*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:** JORGE F. SOCARRAS JR.

MGRM

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date