

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129203

**Entity Name:** CLASSIC CARE OF FLORIDA LLC**Current Principal Place of Business:**1504 SOUTH STREET  
LEESBURG, FL 34748**Current Mailing Address:**1504 SOUTH STREET  
LEESBURG, FL 34748 US**FEI Number:** 27-4393457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TALWAR, SUNIL  
1891 LAKESHORE DRIVE  
MT. DORA, FL 32757 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:** SUNIL TALWAR

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | MGR               |
| Name            | LEW, JUNE         |
| Address         | 917 S 14TH ST     |
| City-State-Zip: | LEESBURG FL 34748 |

|                 |                   |
|-----------------|-------------------|
| Title           | VMGR              |
| Name            | TALWAR, SUNIL     |
| Address         | 917 S 14TH ST     |
| City-State-Zip: | LEESBURG FL 34748 |

|                 |                   |
|-----------------|-------------------|
| Title           | S                 |
| Name            | LEW, JUNE         |
| Address         | 917 S 14TH ST     |
| City-State-Zip: | LEESBURG FL 34748 |

|                 |                   |
|-----------------|-------------------|
| Title           | T                 |
| Name            | TALWAR, SUNIL     |
| Address         | 917 S 14TH ST     |
| City-State-Zip: | LEESBURG FL 34748 |

*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:** SUNIL TALWAR**MANAGER**

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date