

2014 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:

917 S 14TH ST
LEESBURG, FL 34748

FEI Number: 27-4393457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 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

VICE PRES.

03/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date