

2020 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:**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

02/10/2020

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

MGR

02/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date