**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 01, 2019**
**Secretary of State**
**8856271135CC**

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 04/01/2019

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | VMGR |
| Name | LEW, JUNE | Name | TALWAR, SUNIL |
| Address | 917 S 14TH ST | Address | 917 S 14TH ST |
| City-State-Zip: | LEESBURG FL 34748 | City-State-Zip: | LEESBURG FL 34748 |
| Title | S | Title | T |
| Name | LEW, JUNE | Name | TALWAR, SUNIL |
| Address | 917 S 14TH ST | Address | 917 S 14TH ST |
| City-State-Zip: | LEESBURG FL 34748 | 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 VMGR 04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date