

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117559

**Entity Name:** COMPASSIONATE ADULT FAMILY CARE HOME LLC

**Current Principal Place of Business:**

135 MANSEAU DRIVE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

135 MANSEAU DRIVE  
WINTER HAVEN, FL 33880

**FEI Number: 45-3610538**

**Certificate of Status Desired: No**

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

YOUNG, NAKESHA  
135 MANSEAU DRIVE  
WINTER HAVEN, FL 33880 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 MGRM  
Name YOUNG, NAKESHA  
Address 135 MANSEAU DRIVE  
City-State-Zip: WINTER HAVEN FL 33880

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NAKESHA YOUNG**

**OWNER**

**04/12/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date