

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143911

Entity Name: IN GOOD HANDS ELDER CARE, LLC

Current Principal Place of Business:

779 N. LAKE BLVD.

TARPON SPRINGS, FL 34689

Current Mailing Address:

PO BOX 243

TARPON SPRINGS, FL 34688 US

FEI Number: 45-4386945

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRANT, RHETT

779 N. LAKE BLVD.

TARPON SPRINGS, FL 34689 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 GRANT, RHETT

Address PO BOX 243

City-State-Zip: TARPON SPRINGS FL 34688

Title MGRM

Name GRANT, RICHARD F

Address PO BOX 243

City-State-Zip: TARPON SPRINGS FL 34688

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: RHETT GRANT

MGRM

08/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date