

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000030001

Entity Name: COMPASSIONATE CARE ADVOCATES LLC

Current Principal Place of Business:

3685 FALLSCREST CIR
CLERMONT, FL 34711-8909

Current Mailing Address:

3685 FALLSCREST CIR
CLERMONT, FL 34711-8909 US

FEI Number: 45-4699599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAID, OMAR E
3685 FALLSCREST CIR
CLERMONT, FL 34711 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 SAID, OMAR E
Address 3685 FALLSCREST CIR
City-State-Zip: CLERMONT FL 34711-8909

Title MGRM
Name SAID, DAMARIS I
Address 3685 FALLSCREST CIR
City-State-Zip: CLERMONT FL 34711-8909

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: OMAR E. SAID

MGR

06/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date