

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000077099

**Entity Name:** CENTRAL FAMILY CARE LLC

**Current Principal Place of Business:**

118 BARBARA DR.  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

118 BARBARA DR  
PORT ST. JOE, FL 32456 US

**FEI Number:** 45-5477343

**Certificate of Status Desired:** Yes

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

VILCHEZ, SIMEON HMD  
118 BARBARA DR  
PORT ST. JOE, FL 32456 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 MGR  
Name VILCHEZ, SIMEON HMD  
Address 118 BARBARA DR  
City-State-Zip: PORT ST. JOE FL 32456

*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:** SIMEON VILCHEZ

MGR

04/28/2015

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

\_\_\_\_\_  
Date