

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023325

Entity Name: COMPANION HOME CARE SERVICES, LLC

Current Principal Place of Business:

4172 PINE HOLLOW CIRCLE
GREENACRES, FL 33463

Current Mailing Address:

4172 PINE HOLLOW CIRCLE
GREENACRES, FL 33463

FEI Number: 47-2487911

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOEL, MERLYNE
4172 PINE HOLLOW CIRCLE
GREENACRES, FL 33463 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: MERLYNE NOEL

02/19/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name NOEL, MERLYNE
Address 4172 PINE HOLLOW CIRCLE
City-State-Zip: GREENACRES FL 33463

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: NOEL MERLYNE

OWNER

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date