

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103855

**Entity Name:** GOOD LIFE CAREGIVERS LLC

**Current Principal Place of Business:**

9609 LINGWOOD TRAIL  
ORLANDO, FL 32817

**Current Mailing Address:**

9609 LINGWOOD TRAIL  
ORLANDO, FL 32817 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAU, PUI M  
9609 LINGWOOD TRAIL  
ORLANDO, FL 32817 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 BOARD OF DIRECTOR  
Name HEUNG, YUK  
Address 8639 GLYBORNE CT  
City-State-Zip: ORLANDO FL 32825

Title ADMINISTRATOR  
Name LAU , POMIE  
Address 9609 LINGWOOD TRAIL  
City-State-Zip: ORLANDO FL 32817

*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:** POMIE LAU

**ADMINISTRATOR**

**03/06/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date