

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000166124

Entity Name: COMFORT CARE ONE, LLC

Current Principal Place of Business:

2733 SW 27 AVE
MIAMI, FL 33133

Current Mailing Address:

2733 SW 27TH AVE
MIAMI, FL 33133 US

FEI Number: 46-4199618

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALDES, ORLANDO J
2733 SW 27TH AVE
MIAMI, FL 33133 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	Title	CFO
Name	VALDES, ORLANDO J	Name	DEL CASTILLO, CLEITON
Address	2733 SW 27TH AVE	Address	2733 SW 27TH AVE
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

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: CLEITON DEL CASTILLO

CFO

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date