

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000023314

Entity Name: AVENUE SUPPORTIVE CARE, LLC

Current Principal Place of Business:

5440 NORTH STATE ROAD 7
208
NORTH LAUDERDALE, FL 33319

Current Mailing Address:

P.O BOX 26222
TAMARAC, FL 33320 US

FEI Number: 46-4783182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOUIS, ROSE GOLDIE
5440 NORTH STATE ROAD 7
208
NORTH LAUDERDALE, FL 33319 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 AMBR
Name LOUIS, ROSE GOLDIE
Address P.O BOX 26222
City-State-Zip: TAMARAC FL 33320

Title AMBR
Name LOZIER FIGARO, SADGIE M
Address P.O BOX 26222
City-State-Zip: TAMARAC FL 33320

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: SADGIE LOZIER FIGARO

AMBR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date