

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000112639

Entity Name: COMFORT CARE SUPPORTS L.L.C.

Current Principal Place of Business:

7667 N. 56TH
TAMPA, FL 33617

Current Mailing Address:

P.O. BOX 310358
TAMPA, FL 33680 US

FEI Number: 47-1498722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRAUGHTER, DEEDRIC
7667 N. 56TH ST.
TAMPA, FL 33617 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 STRAUGHTER, DEEDRIC
Address 7667 N. 56TH ST
City-State-Zip: TAMPA FL 33617

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: DEEDRIC STRAUGHTER

MANGER

04/18/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date