

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112639

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

**Current Principal Place of Business:**

7901 N NEBRASKA AVE  
SUITE 200 A  
TAMPA, FL 33604

**Current Mailing Address:**

7901 N NEBRASKA AVE  
SUITE 200 A  
TAMPA, FL 33604 UN

**FEI Number:** 47-1498722

**Certificate of Status Desired:** No

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

STRAUGHTER, DEEDRIC  
7901 N NEBRASKA AVE.  
SUITE 200 A  
TAMPA, FL 33604 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 7901 N NEBRASKA AVE SUITE 200 A  
City-State-Zip: TAMPA FL 33604

*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

**OWNER**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date