

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000186488

Entity Name: A CARE CONNECTION, LLC

Current Principal Place of Business:

422 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

422 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

FEI Number: 47-2465183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, DEBORAH
422 JACKSONVILLE DRIVE
JACKSONVILLE, FL 32250 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 YOUNG, DEBORAH
Address 422 JACKSONVILLE DRIVE
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: DEBORAH YOUNG

MGR

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date