

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000188960

**Entity Name:** COMPASSIONATE CARE 4 ELDERS LLC

**Current Principal Place of Business:**

510 LINCOLN AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

510 LINCOLN AVE  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 12-0520722

**Certificate of Status Desired:** Yes

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

PIERRE, SYLOTTE  
510 LINCOLN AVE  
LEHIGH ACRES, FL 33972 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:** SYLOTTE PIERRE

06/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PIERRE, SYLOTTE  
Address 510 LINCOLN AVE  
City-State-Zip: LEHIGH ACRES FL 33972

*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:** SYLOTTE PIERRE

SP

06/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date