

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000018170

**Entity Name:** CHAMPION CARE LLC

**Current Principal Place of Business:**

3131 NW 13TH ST  
SUITE 53  
GAINESVILLE, FL 32609

**Current Mailing Address:**

3131 NW 13TH ST  
SUITE 53  
GAINESVILLE, FL 32609 US

**FEI Number:** 47-3044873

**Certificate of Status Desired:** No

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

BERRY, DASHARREE D  
4440 SW ARCHER RD  
APT 604  
GAINESVILLE, FL 32608 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:** DASHARREE D BERRY

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BERRY, DASHARREE D  
Address 4440 SW ARCHER RD  
APT 604  
City-State-Zip: GAINESVILLE FL 32608

Title AMBR  
Name BERRY, GEORGE L  
Address 4440 SW ARCHER RD  
SUITE 604  
City-State-Zip: GAINESVILLE FL 32608

*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:** DASHARREE BERRY

MANAGER

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date