

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000108169

Entity Name: COMFORT CARE PLACE, LLC

Current Principal Place of Business:

827 MYRTLE TERRACE
NAPLES, FL 34103

Current Mailing Address:

827 MYRTLE TERRACE
NAPLES, FL 34103

FEI Number: 47-4246230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX, ELIZABETH MD
827 MYRTLE TERRACE
NAPLES, FL 34103 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 FOX, ELIZABETH MD
Address 827 MYRTLE TERRACE
City-State-Zip: NAPLES FL 34103

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: ELIZABETH FOX

MGRM

02/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date