

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000181746

Entity Name: CLASSIC CARE SERVICES, LLC

Current Principal Place of Business:

4036 CRAWFORDVILLE HWY
CRAWFORVILLE, FL 32327

Current Mailing Address:

4036 CRAWFORDVILLE HWY
CRAWFORVILLE, FL 32327

FEI Number: 59-3592534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIELDS, OLLIE
106 SUNFLOWER RD
TALLAHASSEE, FL 32305 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: OLLIE FIELDS

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name FIELDS, OLLIE
Address 106 SUNFLOWER RD
City-State-Zip: TALLAHASSEE FL 32305

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: OLLIE FIELDS

AMBR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date