

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000199218

Entity Name: CAREGIVER AND COMPANION SERVICES LLC

Current Principal Place of Business:

533 E. CITRUS STREET
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

533 E. CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 81-0718472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDANIEL, NADINE E
533 E. CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 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 MCDANIEL, NADINE E RN
Address 533 E. CITRUS STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: NADINE E MCDANIEL

MGR

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date