

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000213541

Entity Name: CARE EQUIPMENT & SUPPLIES LLC

Current Principal Place of Business:

17366 SIERRA PLACE
WEEKI WACHEE, FL 34614

Current Mailing Address:

17366 SIERRA PLACE
WEEKI WACHEE, FL 34614 US

FEI Number: 81-0964565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSCHINGER, HANS P
17366 SIERRA PLACE
WEEKI WACHEE, FL 34614 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: HANS P MOSCHINGER

02/24/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MOSCHINGER, HANS P
Address 17366 SIERRA PLACE
City-State-Zip: WEEKI WACHEE FL 34614

Title AMBR
Name MOSCHINGER, ROSMARIE
Address 17366 SIERRA PLACE
City-State-Zip: WEEKI WACHEE FL 34614

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: MOSCHINGER HANS P.

AMBR

02/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date