

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000172326

Entity Name: COMPASSIONATE CARE COMPANIONS, LLC.

Current Principal Place of Business:

6210 MEDICI COURT #206
SARASOTA, FL 34243

Current Mailing Address:

6210 MEDICI COURT #206
SARASOTA, FL 34243 US

FEI Number: 81-3892524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, ARLENIA
6210 MEDICI COURT #206
SARASOTA, FL 34243 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 AMBR
Name RAPTIS, ALEXIS
Address 16360 CHICOPEE AVE
City-State-Zip: PORT CHARLOTTE FL 33954

Title AMBR
Name LEE, ARLENIA
Address 6210 MEDICI COURT #206
City-State-Zip: SARASOTA FL 34243

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: ALEXIS RAPTIS

AMBR

03/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date