## 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: MANISH BHATT

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BHATT, MANISH I	Name	AMBWANI, CHANDERLAL B
Address	7636 APPLE TREE CIRCLE	Address	3081 TIMPANA POINT
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	LONGWOOD FL 32779

2018 FLORIDA LIMITED LIABILITY	COMPANY	ANNUAL F	<u>REPORT</u>

### DOCUMENT# L16000183538

# Entity Name: LITTLE ANGELS PEDIATRIC EXTENDED CARE LLC

## **Current Principal Place of Business:**

7636 APPLE TREE CIRCLE ORLANDO, FL 32819

## **Current Mailing Address:**

7636 APPLE TREE CIRCLE ORLANDO, FL 32819

## FEI Number: 81-4022421

# Name and Address of Current Registered Agent:

BHATT, MANISH I 7636 APPLE TREE CIRCLE ORLANDO, FL 32819 US

SIGNATURE:

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.

03/29/2018 MGR Date

Certificate of Status Desired: No

Mar 29, 2018 Secretary of State CC5382229894

Date

FILED