

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000224310

**Entity Name:** THERAPEUTIC LIFE CARE, LLC

**Current Principal Place of Business:**

2117 VININGS CIRCLE  
801  
WELLINGTON, FL 33414

**Current Mailing Address:**

2117 VININGS CIRCLE  
801  
WELLINGTON, FL 33414

**FEI Number: 81-5302331**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORRIS, JACQUEULYN  
2117 VININGS CIRCLE  
801  
WELLINGTON, FL 33414 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            CEO  
Name            MORRIS, JACQUELYN  
Address        2117 VININGS CIRCLE, 801  
City-State-Zip: WELLINGTON FL 33414

*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: JACQUELYN MORRIS**

**CEO**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date