

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000168276

**Entity Name:** COMPASSIONATE ADULT CARE SERVICES, L.L.C

**Current Principal Place of Business:**

511 PITTMAN CARTER RD  
PERRY, FL 32347

**Current Mailing Address:**

511 PITTMAN CARTER RD  
PERRY, FL 32347

**FEI Number: 82-2411365**

**Certificate of Status Desired: Yes**

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

TOMLINSON, HEIDI  
511 PITTMAN CARTER RD  
PERRY, FL 32347 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	Title	MGR
Name	TOMLINSON, HEIDI	Name	MEYER, MELISSA
Address	511 PITTMAN CARTER RD	Address	511 PITTMAN CARTER
City-State-Zip:	PERRY FL 32347	City-State-Zip:	PERRY FL 32347

*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: MELISSA MEYER**

**OWNER**

**01/18/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date