

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000208689

Entity Name: COMPASSIONATE ALTERNATIVE CARE LLC

Current Principal Place of Business:

728 BLANCHE ST
JACKSONVILLE, FL, FL 32204

Current Mailing Address:

728 BLANCHE ST.
111
JACKSONVILLE, FL 32204 US

FEI Number: 82-3216167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOCKE, DANIEL
728 BLANCHE ST
JACKSONVILLE, FL, FL 32204 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
Name LOCKE, DANIEL
Address 1142 HUBBARD ST.
City-State-Zip: JACKSONVILLE, FL FL 32206

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: DANIEL LOCKE

MANAGER

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date