

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000168046

**Entity Name:** TRI-CARE COMPANIONS & HOME CARE SERVICES LLC

**Current Principal Place of Business:**

56 NORTH 67TH AVENUE  
PENSACOLA, FL 32506

**Current Mailing Address:**

56 NORTH 67TH AVENUE  
PENSACOLA, FL 32506 US

**FEI Number:** 82-5301401

**Certificate of Status Desired:** No

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

LOWE, MELISSA C OWNER  
56 NORTH 67TH AVENUE  
PENSACOLA, FL 32506 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:** MELISSA C LOWE

10/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOWE, MELISSA C  
Address 56 NORTH 67TH AVENUE  
City-State-Zip: PENSACOLA FL 32506

Title AS  
Name WATSON, CHRISTOPHER J JR  
Address 56 NORTH 67TH AVENUE  
City-State-Zip: PENSACOLA FL 32506

*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 C LOWE

OWNER

10/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date