

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000205002

**Entity Name:** SANDY COMPANION CARE, LLC

**Current Principal Place of Business:**

3001 ALOMA AVE  
203  
WINTER PARK, FL 32792

**Current Mailing Address:**

3001 ALOMA AVE  
203  
WINTER PARK, FL 32792 US

**FEI Number:** 83-1734719

**Certificate of Status Desired:** Yes

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

DE LEON, SANDRA CARRION  
3001 ALOMA AVE  
203  
WINTER PARK, FL 32792 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            AMBR  
Name            DE LEON, SANDRA CARRION  
Address        3001 ALOMA AVE  
                  203  
City-State-Zip: WINTER PARK FL 32792

*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:** SANDRA CARRION DE LEON

AMBR

04/30/2025

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

\_\_\_\_\_  
Date