

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000181053

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**2367645378CC**

**Entity Name:** CARING RESIDENTS OF VITALIA, LLC

**Current Principal Place of Business:**

11144 SW VITALIA COURT  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

11144 SW VITALIA COURT  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DUHAIME, DIANE  
11144 SW VITALIA COURT  
PORT SAINT LUCIE, FL 34987 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 DUHAIME, DIANE  
Address 11144 SW VITALIA COURT  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MBR  
Name HYAMS, LISA  
Address 11138 SW VITALIA COURT  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MBR  
Name BOARDMAN, ALBERT  
Address 10119 SW INDIAN LILAC TRAIL  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MBR  
Name BEZICK, JAMES  
Address 10275 SW CORAL TREE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MBR  
Name BRADDY, DENNIS  
Address 12175 SW BAYBERRY AVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MBR  
Name DUHAIME, RICHARD  
Address 306 SALTAIRE DRIVE  
City-State-Zip: OLD LYME CT 06371

Title MEMBER  
Name DEVEY, LAURALEIGH  
Address 10269 SW CORAL TREE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name DEVEY, BILL  
Address 10269 SW CORAL TREE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

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*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:** DIANE DUHAIME

**MANAGER**

**06/29/2020**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name RAMOS, VICKY  
Address 12104 SW BAYBERRY AVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name CLINTON, RICHARD E  
Address 11139 SW MAPLETREE LANE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name CHIRINO, ROBIN  
Address 10099 SW CORAL TREE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name RODRIGUEZ, BERENICE  
Address 9893 SW PEAR TREE COURT  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name MONGES, EDWIN  
Address 12104 SW BAYBERRY AVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name CHIRINO, PHILIP  
Address 10099 SW CORAL TREE CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MEMBER  
Name RODRIGUEZ, ISRAEL B  
Address 9893 SW PEAR TREE COURT  
City-State-Zip: PORT SAINT LUCIE FL 34987