

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001192

**Entity Name:** AVANT CARE TN, LLC

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DR, STE. 206  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

155 FRANKLIN ROAD  
SUITE 200  
BRENTWOOD, TN 37027 US

**FEI Number:** 46-3955192

**Certificate of Status Desired:** No

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

TOLBERT, THOMAS W  
151 SAWGRASS CORNERS DR, STE. 206  
PONTE VEDRA BEACH, FL 32082 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	CONTROLLER
Name	TOLBERT, THOMAS W	Name	O'REAR, AMANDA
Address	151 SAWGRASS CORNERS DR, STE. 206	Address	155 FRANKLIN ROAD SUITE 200
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	BRENTWOOD TN 37027

*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:** AMANDA O'REAR

**CONTROLLER**

**03/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date