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: ELISABETH NASSBERG	MGR	04/01/2015

SIGNATURE: ELISABETH NASSBERG

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 20-4652933 Name and Address of Current Registered Agent:

NOVATT, JEFF ESQ. 1415 PANTHER LANE SUITE 327

NAPLES, FL 34109 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: JEFF NOVATT, ESQ.

### Authorized Person(s) Detail :

Title MGR Name NASSBERG, ELISABETH 4500 EXECUTIVE DRIVE SUITE #320 Address City-State-Zip: NAPLES FL 34119

Electronic Signature of Registered Agent

**Current Mailing Address:** 

4500 EXECUTIVE DRIVE SUITE #320

NAPLES, FL 34119 US

### DOCUMENT# L06000035520

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: JUST LIKE FAMILY HOME CARE, LLC

## **Current Principal Place of Business:**

4500 EXECUTIVE DRIVE SUITE #320 NAPLES. FL 34119

# Certificate of Status Desired: No

Date

# FILED Apr 01, 2015 Secretary of State CC0360078686

04/01/2015 Date