

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101082

**Entity Name:** QUALITY FAMILY CARE SERVICES LLC

**Current Principal Place of Business:**

11936 CYPRESS KEY WAY  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

8334 BUTLER GREENWOOD DRIVE  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 27-1165184

**Certificate of Status Desired:** No

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

DONOVAN, JAMES J  
3046 S. CONGRESS AVE.  
LAKEWORTH, FL 33461 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:** JAMES DONOVAN

04/23/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAMOUTAR, GLENDA  
Address 11936 CYPRESS KEY WAY  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title S  
Name RAMOUTAR, GLENDA  
Address 11936 CYPRESS KEY WAY  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** GLENDA RAMOUTAR

MANAGER

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date