

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149536

Entity Name: CARING HANDS SUPPORTS & SERVICES LLC

Current Principal Place of Business:

9921 NEW KINGS RD UNIT 107
JACKSONVILLE, FL 32219

Current Mailing Address:

PO BOX 28261
JACKSONVILLE, FL 32226 US

FEI Number: 46-3945836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, SHERETTA Q
9921 NEW KINGS RD UNIT 107
JACKSONVILLE, FL 32219 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 JOSEPH, SHERETTA
Address PO BOX 28261
City-State-Zip: JACKSONVILLE FL 32226

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: SHERETTA JOSEPH

OWNER

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date