

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014737

**Entity Name:** FORGET-ME-NOT SENIOR CARE ADVOCATES, LLC

**Current Principal Place of Business:**

1102 ASHLEY AVE  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

1102 ASHLEY AVE  
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number: 46-4641325**

**Certificate of Status Desired: Yes**

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

KEVIN F. REYNOLDS PA  
1900 S. HARBOR CITY BLVD.  
SUITE 203  
MELBOURNE, FL 32901 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 GARAFOLO, SHERRI L  
Address 1102 ASHLEY AVE  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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: SHERRI GARAFOLO**

**MGR**

**06/25/2020**

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

\_\_\_\_\_  
Date