#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061449

Entity Name: SOCIAL CARE SERVICES LLC

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

4237 SALISBURY RD N SUITE 207 JACKSONVILLE, FL 32216

## **Current Mailing Address:**

4237 SALISBURY RD N SUITE 207 JACKSONVILLE, FL 32216 US

## FEI Number: 46-5449709

### Name and Address of Current Registered Agent:

WARREN, JOHN 4237 SALISBURY RD N SUITE 207 JACKSONVILLE, FL 32216 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	: JOHN WARREN			01/28/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	WARREN, JOHN R	Name	WARREN, PATRICIA L	
Address	14606 MANDARIN RD.	Address	14606 MANDARIN RD.	
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223	

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.

CEO

### SIGNATURE: JOHN WARREN

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 28, 2019 Secretary of State 6355896998CC

Certificate of Status Desired: No

01/28/2019 Date