

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000061449

**Entity Name:** SOCIAL CARE SERVICES LLC

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD  
SUITE 201  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8833 PERIMETER PARK BLVD  
SUITE 201  
JACKSONVILLE, FL 32216 US

**FEI Number:** 46-5449709

**Certificate of Status Desired:** No

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

WARREN, JOHN  
8833 PERIMETER PARK BLVD STE 201  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            WARREN, JOHN R  
Address        8833 PERIMETER PARK BLVD  
                  SUITE 201  
City-State-Zip: JACKSONVILLE FL 32216

Title            AMBR  
Name            WARREN, PATRICIA L  
Address        8833 PERIMETER PARK BLVD  
                  SUITE 201  
City-State-Zip: JACKSONVILLE FL 32216

*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:** JOHN WARREN

CEO

01/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date