

**2018 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:**

14606 MANDARIN RD.  
JACKSONVILLE, FL 32223 US

**FEI Number:** 46-5449709

**Certificate of Status Desired:** No

**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

01/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WARREN, JOHN R  
Address 14606 MANDARIN RD.  
City-State-Zip: JACKSONVILLE FL 32223

Title AMBR  
Name WARREN, PATRICIA L  
Address 14606 MANDARIN RD.  
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.*

**SIGNATURE:** JOHN R WARREN

CEO

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date