

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000150596

Entity Name: BILLIE JO'S CARE MORE, LLC

Current Principal Place of Business:

17532 NW 241ST ST.
HIGH SPRINGS, FL 32643

Current Mailing Address:

17532 NW 241ST ST.
HIGH SPRINGS, FL 32643

FEI Number: 47-1987312

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENEDICT, BILLIE JO
17532 NW 241ST ST.
HIGH SPRINGS, FL 32643 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 MGRM
Name BENEDICT, BILLIE JO
Address 17532 NW 241ST ST.
City-State-Zip: HIGH SPRINGS FL 32643

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: BILLIE JO BENEDICT

MGRM

01/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date