

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000189131

Entity Name: JCN HOME CARE LLC

Current Principal Place of Business:

5714 MONROE STREET
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5714 MONROE STREET
NEW PORT RICHEY, FL 34653 US

FEI Number: 06-1776491

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCFETRIDGE, TERESA
5714 MONROE STREET
NEW PORT RICHEY, FL 34653 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 MANAGER
Name MCFETRIDGE, TERESA
Address 5714 MONROE STREET
City-State-Zip: NEW PORT RICHEY FL 34653

Title AUTHORIZED MEMBER
Name SAVELLA, SHEILA MARIE
Address 3018 CHAPIN PASS
City-State-Zip: ODESSA FL 33556

Title AUTHORIZED MEMBER
Name HERNANDEZ, JEREMIAH
Address 5714 MONROE STREET
City-State-Zip: NEW PORT RICHEY FL 34653

Title AUTHORIZED MEMBER
Name PARRISH, CHRISTINA
Address 2521 SLADE AVE
City-State-Zip: ODESSA FL 33556

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: TERESA MCFETRIDGE

OWNER

01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date