

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

MANAGER

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date