

**2020 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	PRESIDENT
Name	MCFETRIDGE, TERESA
Address	5714 MONROE STREET
City-State-Zip:	NEW PORT FL 34653

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

Title	VP
Name	HERNANDEZ, JEREMIAH
Address	2521 SLADE AVE
City-State-Zip:	ODESSA FL 33556

Title	AUTHORIZED REPRESENTATIVE
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

PRESIDENT

10/01/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date