# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000194373

# Entity Name: GENESIS OF LOVE HEALTHCARE AGENCY"LLC"

**Current Principal Place of Business:** 

6900 SW 21ST LANE L-6 GAINESVILLE, FL 32607

# **Current Mailing Address:**

6900 SW 21ST LANE L-6 GAINESVILLE, FL 32607 US

## FEI Number: 81-3328835

## Name and Address of Current Registered Agent:

BRADSHAW, SHYNIKA M 6900 SW 21ST LANE L-6 GAINESVILLE, FL 32607 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: SHYNIKA BRADSHAW

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMGRNameBRADSHAW, SHYNIKA MAddress6900 SW 21ST LANE<br/>L-6City-State-Zip:GAINESVILLE FL 32607

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: SHYNIKA BRADSHAW

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2018 Secretary of State CC3040906955

Certificate of Status Desired: Yes

04/30/2018 Date

Date

MANGER

04/30/2018