

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000076932

Entity Name: RAIZA JACOMINO FAMILY CHILD CARE HOME LLC

Current Principal Place of Business:

5013 N HALE AVE
TAMPA, FL 33614

Current Mailing Address:

5013 N HALE AVE
TAMPA, FL 33614 US

FEI Number: 82-1122220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOMINO, RAIZA
5013 N HALE AVE
TAMPA, FL 33614 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 MGR
Name JACOMINO, RAIZA
Address 5013 N HALE AVE
City-State-Zip: TAMPA FL 33614

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: RAIZA JACOMINO

MGR

01/24/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date