

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000136950

Entity Name: HOMELIFE PERSONAL CARE, LLC

Current Principal Place of Business:

2535 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

Current Mailing Address:

2535 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 US

FEI Number: 82-2003831

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMBS, JULIE GAYLE
2535 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 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: JULIE GAYLE COMBS

01/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COMBS, JULIE
Address 14676 AMELIA VIEW DR.
City-State-Zip: JACKSONVILLE FL 32226

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: JULIE G COMBS

ADMINISTRATOR

01/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date