

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000136950

**Entity Name:** HOMELIFE PERSONAL CARE, LLC

**Current Principal Place of Business:**

25N MARKET ST.  
SUITE LL108  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

25N MARKET ST  
SUITE # LL108  
JACKSONVILLE, FL 32202 US

**FEI Number:** 82-2003831

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

Title MGR  
Name CRANE, JONI  
Address 208 GUNTER ST.  
City-State-Zip: ST. MARYS GA 31558

Title MGR  
Name CLINE, RHONDA  
Address 12969 BEAUBIEN RD.  
City-State-Zip: JACKSONVILLE FL 32258

*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 COMBS

**MANAGER**

**01/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date