

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000205804

Entity Name: LOVED ONE'S CARE LLC

Current Principal Place of Business:

802 W. IDLEWILD AVE
TAMPA, FL 33604

Current Mailing Address:

802 W. IDLEWILD AVE
TAMPA, FL 33604 US

FEI Number: 82-3091993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, CYDNEY
802 W. IDLEWILD AVE
TAMPA, FL 33604 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	AR	Title	CHIEF FINANCIAL OFFICER
Name	PORTER, CYDNEY	Name	PORTER, CYDNEY ANN
Address	802 W. IDLEWILD AVE	Address	802 W. IDLEWILD AVE
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

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: CYDNEY ANN PORTER

TAMPA/CFO

01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date