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: GLENFORD JOSEPHS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

ORTIZ, ANDREINA 4019 GOLF VILLAGE LOOP APT 7 LAKELAND, FL 33809 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 Regist	ered Agent	
Electronic	Signature	or Regist	erea Agent	

Authorized Person(s) Detail ·

Authorized Person(S) Detail :					
Title	CEO	Title	COO		
Name	ORTIZ, ANDREINA	Name	JOSEPHS, GLENFORD		
Address	4019 GOLF VILLAGE LOOP APT 7	Address	4019 GOLF VILLAGE LOOP APT 7		
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809		

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000083430

Entity Name: A&J SENIOR PRIVATE CARE LLC

Current Principal Place of Business:

4019 GOLF VILLAGE LOOP APT 7 LAKELAND, FL 33809

Current Mailing Address:

4019 GOLF VILLAGE LOOP APT 7 LAKELAND, FL 33809 US

FEI Number: 82-5080441

03/11/2020

FILED Mar 11, 2020 Secretary of State 6137868007CC

Certificate of Status Desired: Yes

Date

OWNER/COO