

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000099950

**Entity Name:** A NEW DIRECTION HOME CARE SERVICES LLC

**Current Principal Place of Business:**

7854 SMYRNA ST  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

847 ASHTON COVE TER  
JACKSONVILLE, FL 32218 US

**FEI Number:** 82-5303577

**Certificate of Status Desired:** No

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

WILSON, SHARLANA N  
847 ASHTON COVE TER  
JACKSONVILLE, FL 32218 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:** SHARLANA WILSON

01/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name WILSON, SHARLANA N  
Address 847 ASHTON COVE TER  
City-State-Zip: JACKSONVILLE FL 32218

*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:** SHARLANA WILSON

CEO

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date