

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203984

**Entity Name:** MOM SPECIAL NEEDS SERVICES LLC

**Current Principal Place of Business:**

2350 N UNIVERSITY DRIVE  
#848712  
PEMBROKE PINES, FL 33084

**Current Mailing Address:**

2350 N UNIVERSITY DRIVE  
#848712  
PEMBROKE PINES, FL 33084

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

EVANS, JERRIS  
2350 N UNIVERSITY DRIVE  
#848712  
PEMBROKE PINES, FL 33084 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:** JERRIS ALEXANDER EVANS

04/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            EVANS, JERRIS  
Address        2350 N UNIVERSITY DRIVE  
                  #848712  
City-State-Zip: PEMBROKE PINES FL 33084

Title            VP  
Name            EVANS, BETSY GERMAIN  
Address        2350 N UNIVERSITY DRIVE  
                  #848712  
City-State-Zip: PEMBROKE PINES FL 33084

*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:** JERRIS ALEXANDER EVANS

PRESIDENT

04/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date