

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000209165

**Entity Name:** EDUCARE ENVISION EDUCATIONAL SERVICES LLC

**Current Principal Place of Business:**

305 EAST DRIVE,  
STE A  
MELBOURNE, FL 32904

**Current Mailing Address:**

305 EAST DRIVE,  
STE A  
MELBOURNE, FL 32904 US

**FEI Number:** 83-1807259

**Certificate of Status Desired:** No

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

HOWELL, PAULETTE A DR.  
305 EAST DRIVE, STE A  
MELBOURNE, FL 32904 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	Title	MGR
Name	HOWELL, PAULETTE A DR	Name	THOMPSON, JEANETTE N
Address	1493 DANDELION DRIVE	Address	480 BENTON DRIVE
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32901

*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:** JEANETTE THOMPSON

**MANAGER**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date