that my name appears above, or on an attachment with all other like empowered. 01/09/2020

Title CEO Name LOUIS, MONA 6194 NEWTON WOODS DRIVE Address City-State-Zip: WEST PALM BEACH FL 33417

SIGNATURE: MAUDELINE LOUIS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000124119

Entity Name: PEACE LOVE & GRACE HOME CARE SERVICES LLC

Current Principal Place of Business:

6194 NEWTON WOODS DRIVE WEST PALM BEACH. FL 33417

Current Mailing Address:

6194 NEWTON WOODS DRIVE WEST PALM BEACH. FL 33417 US

FEI Number: 84-2239200

Name and Address of Current Registered Agent:

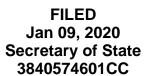
LOUIS , MAUDELINE 6194 NEWTON WOODS DRIVE WEST PALM BEACH, FL 33417 US

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.

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

SIGNATURE: MONA LOUIS CEO

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: Yes

01/09/2020 Date

Date