

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000136941

Entity Name: PASCAL ADULT FAMILY CARE HOME L.L.C

Current Principal Place of Business:

382 POSADAS CIRCLE
PUNTA GORDA, FL 33983

Current Mailing Address:

382 POSADAS CIRCLE
PUNTA GORDA, FL 33983

FEI Number: 85-1950294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASCAL, APOLD
382 POSADAS CIRCLE
PUNTA GORDA, FL 33983 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
Name PASCAL, APOLD
Address 382 POSADAS CIRCLE
City-State-Zip: PUNTA GORDA FL 33983

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: APOLD PASCAL

OWNER

03/18/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date