

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000147669

**Entity Name:** A MOTHER'S CARE OF LIBERTY CITY, LLC

**Current Principal Place of Business:**

5861 NW 17TH AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

20600 NW 2ND COURT  
MIAMI GARDENS, FL 33169 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

STEVENS, KENNETH  
20600 NW 2ND COURT  
MIAMI GARDENS, FL 33169 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	AMBR
Name	STEVENS, KENNETH	Name	FORD, EDDIE
Address	5861 NW 17TH AVENUE	Address	5861 NW 17TH AVENUE
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
Title	AMBR		
Name	JACOBS, CYNTHIA		
Address	5861 NW 17TH AVENUE		
City-State-Zip:	MIAMI FL 33142		

*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:** KENNETH STEVENS

MGR

06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date