

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000163704

Entity Name: SUMMER SEASON HOME CARE LLC

Current Principal Place of Business:

4030 SCOTCH TERRACE
NORTHPORT, FL 34286

Current Mailing Address:

4030 SCOTCH TERRACE
NORTHPORT, FL 34286

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELGRAVE, SHANNON L
4030 SCOTCH TERRACE
NORTHPORT, FL 34286 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: SHANNON L BELGRAVE

01/15/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name BELGRAVE, SHANNON L
Address 4030 SCOTCH TERR
City-State-Zip: NORTHPORT FL 34286

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: SHANNON L BELGRAVE

CEO

01/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date