

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000175077

**Entity Name:** 7 ANGELS IN HOME CLIENT AGENCY, LLC

**Current Principal Place of Business:**

2667 DUNN AVE  
SUITE #5  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

7097 ST. IVES CT  
JACKSONVILLE, FL 32210 US

**FEI Number:** 27-4136008

**Certificate of Status Desired:** No

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

L & K GARDENS ASSISTANT LIVING FACILITY  
2667 DUNN AVE  
SUITE#5  
JACKSONVILLE, FL 32218 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 ONEAL, KENYOTTA M  
Address 7097 ST. IVES CT  
City-State-Zip: JACKSONVILLE FL 32244

*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:** KENYOTTA ONEAL

**OWNER**

**03/16/2021**

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

\_\_\_\_\_  
Date