

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000195620

Entity Name: AMANI'S CARE, LLC

Current Principal Place of Business:

715 NW 2ND AVE
TRENTON, FL 32693

Current Mailing Address:

715 NW 2ND AVE
TRENTON, FL 32693 US

FEI Number: 84-2689671

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEWIS, KIMBERLY M
715 NW 2ND AVE
TRENTON, FL 32693 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 LEWISS, KIMBERLY M
Address 715 NW 2ND AVE
City-State-Zip: TRENTON FL 32693

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: KIMBERLY M. LEWISS

CEO

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date