

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000279648

Entity Name: CHARISMATIC RELENTLESS CARE LLC

Current Principal Place of Business:

5933 NW BRENDA CIRCLE
PORT ST LUCIE, FL 34986

Current Mailing Address:

P.O BOX 7191
PORT SAINT LUCIE, FL 34985 US

FEI Number: 84-3816874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, CYNTHIA
5933 NW BRENDA CIRCLE
PORT ST LUCIE, FL 34986 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 COLLINS, CYNTHIA
Address 5933 NW BRENDA CIRCLE
City-State-Zip: PORT ST LUCIE FL 34986

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: CYNTHIA COLLINS

MGR

02/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date