

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000287192

Entity Name: THE CARING HELPERS, LLC**Current Principal Place of Business:**6297 WESTOVER ROAD
WEST PALM BEACH, FL 33417**Current Mailing Address:**6297 WESTOVER ROAD
WEST PALM BEACH, FL 33417**FEI Number:** 84-3858367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILORD, WESLING
6297 WESTOVER ROAD
WEST PALM BEACH, FL 33417 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	AP
Name	MILORD, WESLING
Address	6297 WESTOVER ROAD
City-State-Zip:	WEST PALM BEACH FL 33417

Title	AP
Name	DELMONT, EUNICE
Address	6297 WESTOVER ROAD
City-State-Zip:	WEST PALM BEACH 33417

Title	AP
Name	DELMONT, SHERLING
Address	6297 WESTOVER ROAD
City-State-Zip:	WEST PALM BEACH FL 33417

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: WESLING MILORD

AP

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date