

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000064725

**Entity Name:** DEVOTED CAREGIVERS OF SOUTH FLORIDA,LLC

**Current Principal Place of Business:**

10941 WINDING CREEK LN  
BOCA RATON, FL 33428

**Current Mailing Address:**

433 PLAZA REAL STE 275  
BOCA RATON, FL 33432 UN

**FEI Number:** 84-4951712

**Certificate of Status Desired:** No

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

LYNS, MIKERLINE  
10941 WINDING CREEK LN  
BOCA RATON, FL 33428 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 LYNS, MIKERLINE  
Address 10941 WINDING CREEK LN  
City-State-Zip: BOCA RATON FL 33428

*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:** MIKERLINE LYNS

**OWNER**

**04/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date