## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000238594

Entity Name: CHC OF GAINESVILLE, LLC

**Current Principal Place of Business:** 

4140 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606

**Current Mailing Address:** 

4655 SALISBURY RD., SUITE 110 JACKSONVILLE, FL 32256 US

FEI Number: 85-3773577 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, ROBERT G 4655 SALISBURY RD., SUITE 110 JACKSONVILLE, FL 32256 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:

Name

Address

Electronic Signature of Registered Agent

Date

FILED Feb 12, 2024

**Secretary of State** 

6713346308CC

Authorized Person(s) Detail:

Title MBR

CONCIERGE HOME CARE OF

GAINESVILLE HOLDINGS, LLC

4655 SALISBURY RD., SUITE 110

City-State-Zip: JACKSONVILLE FL 32256

Title P

Name FISHER, JEFFREY L

Address 4655 SALISBURY RD., SUITE 110

City-State-Zip: JACKSONVILLE FL 32256

Title CFO

Name THOMA, KERI A

Address 4655 SALISBURY RD., SUITE 110

City-State-Zip: JACKSONVILLE FL 32256

Title CEO

Name RUCKER, DAVID CHRISTOPHER

Address 4655 SALISBURY RD., SUITE 110

City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY

Name YOUNG, ROBERT GREG

Address 4655 SALISBURY RD., SUITE 110

City-State-Zip: JACKSONVILLE FL 32256

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: ROBERT GREG YOUNG

**SECRETARY** 

02/12/2024