

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000275436

**Entity Name:** AMELIA CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

22 S. 6TH STREET  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

22 S. 6TH STREET  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 85-2419836

**Certificate of Status Desired:** No

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

A. JEFFREY TOMASSETTI, PLC  
406 ASH STREET  
FERNANDINA BEACH, FL 32034 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            AMBR  
Name            MCCOY, DANA  
Address        2849 PARK SQUARE PL  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            AP  
Name            MCCOY, KEVIN P  
Address        2849 PARK SQUARE PL  
City-State-Zip: FERNANDINA BEACH FL 32034

*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:** DANA MCCOY

**OWNER**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date