

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000283438

Entity Name: FRESHFACE CARE LLC

Current Principal Place of Business:

5421 ALPHA AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

5421 ALPHA AVENUE
JACKSONVILLE, FL 32205 US

FEI Number: 85-3391291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, STEPHEN G JR
5421 ALPHA AVENUE
JACKSONVILLE, FL 32205 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 FORD, STEPHEN G JR
Address 5421 ALPHA AVENUE
City-State-Zip: JACKSONVILLE FL 32205

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: STEPHEN FORD

04/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date