

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000355205

Entity Name: OPEN HANDS WITH CARE LLC

Current Principal Place of Business:

561 ROBIN HILL CIRCLE
BRANDON, FL 33510

Current Mailing Address:

561 ROBIN HILL CIRCLE
BRANDON, FL 33510 US

FEI Number: 85-3455275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, STEVEN
561 ROBIN HILL CIRCLE
BRANDON, FL 33510 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	Title	AMBR
Name	FORD, STEVEN SR	Name	GILBERT, EDWARD SR
Address	561 ROBIN HILL CIRCLE	Address	1224 RIVAGE CIRCLE
City-State-Zip:	BRANDON FL 33510	City-State-Zip:	BRANDON FL 33511

Title	AR
Name	GARY-NEWSON, VIVIAN E
Address	8613 N 37TH ST
City-State-Zip:	TAMPA FL 33604

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: STEVEN FORD

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date