

**2023 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:** FORD, STEVEN, SR

GARY-NEWSON,VIVIAN E 05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date