

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000101220

Entity Name: D AND B ADULT FAMILY CARE HOME AND TRANSPORTATION
LLC

Current Principal Place of Business:

679 TALL PINE DRIVE
HAVANA, FL 32333

Current Mailing Address:

679 TALL PINE DRIVE
HAVANA, FL 32333

FEI Number: 92-3156639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWLS-SHULER, DELORES D
679 TALL PINE DRIVE
HAVANA, FL 32333 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 SHULER-ROWLS, DELORES D
Address 679 TALL PINE DRIVE
City-State-Zip: HAVANA FL 32333

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: SHULER-ROWLS, DELORES D

OWNER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date