## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000184375

**Entity Name: CARING HANDS HOMECARE LLC** 

**Current Principal Place of Business:** 

6034 CHESTER AVE STE#108

JACKSONVILLE, FL 32217

## **Current Mailing Address:**

6034 CHESTER AVE STE#108 JACKSONVILLE, FL 32217 US

FEI Number: 36-4987874 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANDERSON-JONES, SANDRA J 6034 CHESTER AVE STE#108 JACKSONVILLE, FL 32217 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: SANDRA ANDERSON-JONES 04/18/2022

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title **OWNER** 

ANDERSON-JONES, SANDRA J Name

6034 CHESTER AVE Address

STE#108

City-State-Zip: JACKSONVILLE FL 32217

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.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SANDRA ANDERSON-JONES

04/18/2022

**FILED** Apr 18, 2022

**Secretary of State** 

3736050452CC

Date