

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000452596

Entity Name: CAREGIVERS HCP OF FLORIDA, LLC

Current Principal Place of Business:

650 GEORGE WASHINGTON HIGHWAY
SUITE 102
LINCOLN, RI 02865

Current Mailing Address:

650 GEORGE WASHINGTON HIGHWAY
SUITE 102
LINCOLN, RI 02865 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLENN, TIMOTHY H
1900 GLADES ROAD
245
BOCA RATON, FL 34431 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
Name ASIEDU, DANIEL
Address 650 GEORGE WASHINGTON
 HIGHWAY, SUITE 102
City-State-Zip: LINCOLN RI 02865

Title AMBR
Name MANCELL, RUTH
Address 650 GEORGE WASHINGTON
 HIGHWAY , SUITE 102
City-State-Zip: LINCOLN RI 02865

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: DANIEL ASIEDU

MEMBER

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date