

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000107731

**Entity Name:** 360 DIRECT CARE LLC

**Current Principal Place of Business:**

261 N UNIVERSITY DRIVE  
SUITE 500 PMB 1030  
PLANTATION, FL 33324

**Current Mailing Address:**

261 N UNIVERSITY DRIVE  
SUITE 500 PMB 1030  
PLANTATION, FL 33324 US

**FEI Number:** 87-4771336

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEWART, JANIQUE  
261 N UNIVERSITY DRIVE  
SUITE 500  
PLANTATION, FL 33324 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 CEO  
Name STEWART, JANIQUE P  
Address 261 N UNIVERSITY DRIVE  
SUITE 500 PMB 1030  
City-State-Zip: PLANTATION FL 33324

*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:** STEWART, JANIQUE P

**MANAGER**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date