

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000111048

Entity Name: DREAM CATCHER'S HOME CARE LLC

Current Principal Place of Business:

5455 VERNA BLVD
JACKSONVILLE, FL 32205

Current Mailing Address:

PO BOX 6156
JACKSONVILLE, FL 32236 US

FEI Number: 88-1458127

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOWARD, ALLISON
5455 VERNA BLVD
JACKSONVILLE FL, FL 32205 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 HOWARD, ALLISON
Address P.O. BOX 6156
City-State-Zip: JACKSONVILLE FL 32236

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: ALLISON E HOWARD

MANAGER

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date