

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000206718

**Entity Name:** CARING HANDS THAT CARES LLC

**Current Principal Place of Business:**

7220 HICKORY BRANCH CIRCLE  
ORLANDO, FL 32818

**Current Mailing Address:**

7220 HICKORY BRANCH CIRCLE  
ORLANDO, FL 32818 US

**FEI Number: 88-2095057**

**Certificate of Status Desired: No**

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

NELSON, RONAY M  
7220 HICKORY BRANCH CIRCLE  
ORLANDO, FL 32818 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 NELSON, RONAY  
Address 7220 HICKORY BRANCH CIRCLE  
City-State-Zip: ORLANDO FL 32818

Title MGR  
Name JOHNSON, BRITTANY  
Address 7220 HICKORY BRANCH CIRCLE  
City-State-Zip: ORLANDO FL 32818

Title ASST MGR  
Name NELSON, MYLES  
Address 7220 HICKORY BRANCH CIRCLE  
City-State-Zip: ORLANDO FL 32818

*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: RONAY NELSON**

**MGR**

**10/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date