

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000266619

Entity Name: 509 CAREGIVERS LLC

Current Principal Place of Business:

6607 WILLOW STREET
ZELLWOOD, FL 32798

Current Mailing Address:

6607 WILLOW STREET
MOUNT DORA, FL 32757

FEI Number: 88-2803335

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ST PIERRE, MARQUIS
6607 WILLOW ST
ZELLWOOD, FL 32798 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 BROWN, JOLENA C
Address 6607 WILLOW STREET
City-State-Zip: ZELLWOOD FL 32798

Title MGR
Name ST PIERRE, MELINE
Address 6607 WILLOW STREET
City-State-Zip: MOUNT DORA FL 32757

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: MELINE ST PIERRE

OWNER

03/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date