

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** No

**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	Title	MGR
Name	BROWN, JOLENA C	Name	ST PIERRE, MELINE
Address	6607 WILLOW STREET	Address	6607 WILLOW STREET
City-State-Zip:	ZELLWOOD FL 32798	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**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date