

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000382246

**Entity Name:** GENTLE CARING LLC

**Current Principal Place of Business:**

4626 WILLOW POND CT  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

PO BOX 221211  
WEST PALM BEACH, FL 33422

**FEI Number:** 88-1867109

**Certificate of Status Desired:** No

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

KELLY, NEWTON S  
4626 WILLOW POND CT  
WEST PALM BEACH, FL 33417 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 MGRM  
Name KELLY, NEWTON S  
Address PO BOX 221211  
City-State-Zip: WEST PALM BEACH FL 33422

Title MGR  
Name JOHNSON, ARNELLE A  
Address 6805 OAKHILL  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** NEWTON KELLY

MGRM

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date