

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000099359

Entity Name: ONE LOVE CARE FOR ALL CPR "L.L.C"

Current Principal Place of Business:

5651 58TH WAY N, #D104
KENNETH CITY, FL 33709

Current Mailing Address:

5651 58TH WAY N, #D104
KENNETH CITY, FL 33709 US

FEI Number: 92-2722571

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARKES-WILLIAMS, DONNA M
5651 58TH WAY N, #D104
KENNETH CITY, FL 33709 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 AMBR
Name PARKES-WILLIAMS, DONNA M
Address 5651 58TH WAY N, #D104
City-State-Zip: KENNETH CITY FL 33709

Title MGR
Name PARKES-WILLIAMS, DONNA M
Address 5651 58TH WAY N, #D104
City-State-Zip: KENNETH CITY FL 33709

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: DONNA PARKES-WILLIAMS

MS

04/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date