

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000495919

Entity Name: JEFFERSON CAREGIVING SERVICES LLC

Current Principal Place of Business:

6859 LENOX AVE
JACKSONVILLE, FL 32205

Current Mailing Address:

6859 LENOX AVE
JACKSONVILLE, FL 32205 UN

FEI Number: 27-0579295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFERSON, FELICIA
6859 LENOX AVE
JACKSONVILLE, FL 32205 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 JEFFERSON, FELICIA
Address P.O.BOX 9693
City-State-Zip: JACKSONVILLE FL 32208

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: FELICIA JEFFERSON

MANGER

04/30/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date