

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008760

Entity Name: LIVE.SERVE.CARE. INC.

Current Principal Place of Business:

1530 WEST BOYNTON BEACH BLVD
#3155
BOYNTON BEACH, FL 33424

Current Mailing Address:

3820 COELEBS AVENUE
BOYNTON BEACH, FL 33436 US

FEI Number: 83-1857142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKS, SHEILA
1530 WEST BOYNTON BEACH BLVD
#3155
BOYNTON BEACH, FL 33424 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

Officer/Director Detail :

Title VP
Name BANKS, SYLVESTER
Address 1806 SUNSET POINT #G
City-State-Zip: CLEARWATER FL 33456

Title AS
Name ALLEN, GALE
Address 3820 COELEBS AVE
City-State-Zip: BOYNTON BEACH FL 33436

Title T
Name BROWN, SHAMERRA
Address 1390 N. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title PRESIDENT/FOUNDER
Name BANKS, SHEILA
Address PO BOX 3155
City-State-Zip: BOYNTON BEACH FL 33424

Title MEMBER
Name WILLIAMS, VICKIE MCNEAL
Address 1530 WEST BOYNTON BEACH BLVD
#3155
City-State-Zip: BOYNTON BEACH FL 33424

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHEILA BANKS

PRESIDENT

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date