

**2020 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  
401 W. ATLANTIC AVENUE,  
09  
DELRAY BEACH, FL 33444 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 MEMBER  
Name ALLEN, GALE  
Address 3820 COELEBS AVE  
City-State-Zip: BOYNTON BEACH FL 33436

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

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

Title PRESIDENT/FOUNDER  
Name BANKS, SHEILA  
Address 2343 HERITAGE PARK CIRCLE  
City-State-Zip: KENNESAW GA 30144

*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**

**06/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date