

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002583

**Entity Name:** HB CARE SERVICES, LLC

**Current Principal Place of Business:**

7501 LYNCREST ST  
NORTH PORT, FL 34287

**Current Mailing Address:**

7501 LYNCREST ST  
NORTH PORT, FL 34287

**FEI Number:** 20-4690206

**Certificate of Status Desired:** No

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

BROWN, SHARLENE  
7501 LYNCREST ST  
NORTH PORT, FL 34287 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 BROWN, SHARLENE  
Address 7501 LYNCREST ST  
City-State-Zip: NORTH PORT FL 34287

Title MGRM  
Name HALEY, SYLVIA  
Address 7501 LYNCREST ST  
City-State-Zip: NORTH PORT FL 34287

Title MGR  
Name MOODIE, JOY  
Address 10129 FIELDSTONE COURT  
City-State-Zip: CHARLOTTE NC 28269

*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:** SHARLENE BROWN

MGRM

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date