

2019 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

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date