

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066232

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**7318130226CC**

**Entity Name:** HOPE FOR FAMILIES SERVICES, L.L.C.

**Current Principal Place of Business:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**Current Mailing Address:**

301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950

**FEI Number:** 26-2950869

**Certificate of Status Desired:** No

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

BROWN, KENNETH N DR.  
301 SOUTH INDIAN RIVER DR, STE 301  
FORT PIERCE, FL 34950 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:** DR. KENNETH N BROWN

04/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	BROWN, KENNETH N DR.	Name	BROWN, LYNN M
Address	301 SOUTH INDIAN RIVER DR, STE 301	Address	301 SOUTH INDIAN RIVER DR, STE 301
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FORT PIERCE FL 34950

*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:** KENNETH N BROWN

**OWNER**

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date