

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081165

**Entity Name:** C & J CARE SERVICES L.L.C.

**Current Principal Place of Business:**

6325 S.W. 18TH STREET  
MIRAMAR, FL 33023

**Current Mailing Address:**

6325 S.W. 18TH STREET  
MIRAMAR, FL 33023

**FEI Number:** 27-1223538

**Certificate of Status Desired:** No

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

PRECISION CASH FLOW SOLUTIONS L.L.C.  
6325 S.W. 18TH STREET  
MIRAMAR, FL 33023 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           | MGR                   | Title           | MGRM                  |
| Name            | JAMES, CHERYL         | Name            | JAMES, JOHN B         |
| Address         | 6325 S.W. 18TH STREET | Address         | 6325 S.W. 18TH STREET |
| City-State-Zip: | MIRAMAR FL 33023      | City-State-Zip: | MIRAMAR FL 33023      |

*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:** JOHN JAMES

MGRM

02/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date