

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000117848

Entity Name: JACKSONVILLE NON-EMERGENCY TRANSPORT, LLC**Current Principal Place of Business:**107 MOSELLE LANE
SAINT JOHNS, FL 32259**Current Mailing Address:**107 MOSELLE LANE
SAINT JOHNS, FL 32259 US**FEI Number:** 46-4360081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETHEA, VALARIE
107 MOSELLE LANE
SAINT JOHNS, FL 32259 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:** VALARIE BETHEA

01/03/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	BETHEA, C VALARIE
Address	107 MOSELLE LANE
City-State-Zip:	SAINT JOHNS FL 32259

Title	MGRM
Name	BETHEA-SEAWRIGHT, EVA D
Address	2976 PARTRIDGE CIRCLE S
City-State-Zip:	HOPKINS SC 29061

Title	MGRM
Name	BETHEA, CHRISTIAN D
Address	107 MOSELLE LANE
City-State-Zip:	SAINT JOHNS FL 32259

Title	MANAGER
Name	WILLIAMS, CARL E JR.
Address	107 MOSELLE LANE
City-State-Zip:	SAINT JOHNS FL 32259

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: C VALARIE BETHEA

MGRM

01/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date