## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162214

Entity Name: JCARE DINING, LLC

**Current Principal Place of Business:** 

FT. MYERS. FL 33919

835 S. TOWN AND RIVER DR.

## **Current Mailing Address:**

835 S. TOWN AND RIVER DR. FT. MYERS, FL 33919 US

FEI Number: 46-4274326 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOTES, JOEL S 835 S TOWN AND RIVER DRIVE FT MYERS, FL 33919 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: JOEL S NOTES 04/06/2021

Electronic Signature of Registered Agent

Date

**FILED** Apr 06, 2021

**Secretary of State** 

3424041632CC

Authorized Person(s) Detail:

Title MGR Title MGR

NOTES, JOEL Name NOTES, WANDA C Name

835 S. TOWN & RIVER DR. Address 835 S. TOWN AND RIVER DR. Address

City-State-Zip: FT. MYERS FL 33919 City-State-Zip: FT. MYERS FL 33919

Title MGR

NOTES, RENEE Name

Address 835 S. TOWN AND RIVER DR.

City-State-Zip: FT. MYERS FL 33919

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: RENEE NOTES **PARTNER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

04/06/2021