

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163527

**Entity Name:** DONNA'S DEVOTED HOME CARE LLC

**Current Principal Place of Business:**

5601 6TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

5601 6TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**FEI Number:** 46-4168969

**Certificate of Status Desired:** No

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

BECKFORD, DONNA A  
5601 6TH STREET SOUTH  
ST. PETERSBURG, FL 33705 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            AUTHORIZED MEMBER  
Name            BECKFORD, DONNA A  
Address        5601 6TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

*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:** DONNA BECKFORD

AUTHORIZED MEMBER

04/12/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date