

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053451

Entity Name: JCARE LLC

Current Principal Place of Business:

835 S TOWN AND RIVER DRIVE
FT MYERS, FL 33919

Current Mailing Address:

835 S TOWN AND RIVER DRIVE
FT MYERS, FL 33919

FEI Number: 32-0399150

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name NOTES, JOEL S
Address 835 S TOWN AND RIVER DRIVE
City-State-Zip: FT MYERS FL 33919

Title MGR
Name NOTES, WANDA C
Address 835 S TOWN AND RIVER DRIVE
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: JOEL S NOTES

MGR

04/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date