

**2017 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

**MANAGING MEMBER**

**01/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date