

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000186488

**Entity Name:** A CARE CONNECTION, LLC

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE  
UNIT 402  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11512 LAKE MEAD AVENUE  
UNIT 402  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-2465183

**Certificate of Status Desired:** No

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

YOUNG, DEBORAH  
11512 LAKE MEAD AVE  
UNIT 402  
JACKSONVILLE, FL 32256 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	Title	AUTHORIZED MEMBER
Name	DVEK MANAGMENT, LLC	Name	YOUNG, DEBORAH D
Address	11512 LAKE MEAD AVENUE UNIT 402	Address	11512 LAKE MEAD AVENUE UNIT 402
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** DEBBIE YOUNG

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date