

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000010702

Entity Name: CUSTOMIZED CARE MANAGEMENT SERVICES LLC

Current Principal Place of Business:

4119 PARKER AVE
WEST PALM BEACH, FL 33405

Current Mailing Address:

4119 PARKER AVE
WEST PALM BEACH, FL 33405 US

FEI Number: 47-4730748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JESTINE, NERLYN J
4119 PARKER AVE
WEST PALM BEACH, FL 33405 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: NERLYN JESTINE

09/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name JESTINE, NERLYN J
Address 4119 PARKER AVE
City-State-Zip: WEST PALM BEACH FL 33405

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: NERLYN JESTINE

MEMBER

09/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date