

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000057933

**Entity Name:** DIVINE CARE SERVICES LLC

**Current Principal Place of Business:**

1556 109TH AVE  
OCALA, FL 34482

**Current Mailing Address:**

2935 NE 13TH STREET  
GAINESVILLE, FL 32609 US

**FEI Number:** 27-2027049

**Certificate of Status Desired:** Yes

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

WILLIAMS, NATASHA S  
2935 NE 13TH STREET  
GAINESVILLE, FL 32609 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 ASST  
Name HENDERSON, MARY J  
Address 964 SE 41ST DRIVE APT.230  
City-State-Zip: GAINESVILLE FL 32641

Title CEO  
Name WILLIAMS, NATASHA S  
Address 1556 NW 109TH AVE  
City-State-Zip: OCALA FL 34482

*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:** NATASHA WILLIAMS

CEO

03/07/2024

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

\_\_\_\_\_  
Date