

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000057933

Entity Name: DIVINE CARE SERVICES LLC**Current Principal Place of Business:**21212 SE 62ND AVE
HAWTHORNE, FL 32640**Current Mailing Address:**21212 SE 62ND AVE
HAWTHORNE, FL 32640 US**FEI Number:** 27-2027049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, NATASHA S
21212 SE 62ND AVE
HAWTHORNE, FL 32640 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	WILLIAMS, LEROY V
Address	2121 SE 62ND AVE
City-State-Zip:	HAWTHORNE FL 32640

Title	ASST
Name	HENDERSON, MARY J
Address	964 SE 41ST DRIVE APT.230
City-State-Zip:	GAINESVILLE FL 32641

Title	MGR
Name	HENDERSON, JAKAYLA J
Address	2935 NE 13TH STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	CEO
Name	WILLIAMS, NATASHA S
Address	21212 SE 62ND AVE
City-State-Zip:	GAINESVILLE FL 32640

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

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date