

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000068822

Entity Name: JOANIE'S PURRFECT CARE, LLC

Current Principal Place of Business:

126 E. YELKCA TERRACE
EDGEWATER, FL 32132

Current Mailing Address:

126 E. YELKCA TERRACE
EDGEWATER, FL 32132 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 L. CARTER, DAVID J
Address 126 E. YELKCA TERRACE
City-State-Zip: EDGEWATER FL 32132

Title MGR
Name KANE, JOAN M
Address 126 E. YELKCA TERRACE
City-State-Zip: EDGEWATER FL 32132

Title AMBR
Name KANE, JOAN M
Address 126 E. YELKCA TERRACE
City-State-Zip: EDGEWATER FL 32132

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: JOAN M KANE

MGR

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date