

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000190054

**Entity Name:** JAIME'S ADULT DAY CENTERS, LLC

**Current Principal Place of Business:**

18950 N DALE MABRY  
LUTZ, FL 33548

**Current Mailing Address:**

18950 N DALE MABRY  
LUTZ, FL 33548 US

**FEI Number:** 47-5586356

**Certificate of Status Desired:** No

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

HINES, ROBERT D  
1312 W FLETCHER AVE STE B  
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:** ROBERT HINES

02/22/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GODDARD, JULIE M  
Address 18950 N DALE MABRY  
City-State-Zip: LUTZ FL 33548

*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:** JULIE GODDARD

MGR

02/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date