2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2025
Secretary of State
9158428777CC

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Entity Name: IMPACT HOME CARE SUPPORT SERVICES LLC

Current Principal Place of Business:

4720 SALISBURY ROAD
110
JACKSONVILLE, FL 32256

Current Mailing Address:

13300 TANJA KING BLVD
113
ORLANDO, FL 32828 US

FEI Number: 81-3927678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, SHAWAN A
13300 TANJA KING BLVD
113
ORLANDO, FL 32828 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	AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, MANAGER
Name	DAVIS, SHAWAN
Address	8283 BAYMEADOWS RD E 2258
City-State-Zip:	JACKSONVILLE FL 32256

Title	MANAGER
Name	BURTON, DEQWAN D
Address	1217 UNDERHILL DR 213
City-State-Zip:	JACKSONVILLE FL 32211

Title	MANAGER
Name	WILLIS, ARLEASE D
Address	9833 TIVOLI CHASE DR
City-State-Zip:	ORLANDO FL 32829

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: MS. SHAWAN DAVIS OWNER 05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date