

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000178310

Entity Name: IMPACT HOME CARE SUPPORT SERVICES LLC

Current Principal Place of Business:

4720 SALISBURY ROAD
110
JACKSONVILLE, FL 32256

Current Mailing Address:

4720 SALISBURY ROAD
110
JACKSONVILLE, FL 32256 US

FEI Number: 81-3927678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, SHAWAN A
6700 BOWDEN ROAD
1104
JACKSONVILLE, FL 32216 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 6700 BOWDEN RD
1104
City-State-Zip: JACKSONVILLE FL 32216

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

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date