2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2020
Secretary of State
2048030995CC

DOCUMENT# L17000028784

Entity Name: SPECIAL NEEDS 360 CARE LLC

Current Principal Place of Business:

304 INDIAN TRACE
310
WESTON, FL 33326

Current Mailing Address:

304 INDIAN TRACE
310
WESTON, FL 33326 US

FEI Number: 82-0762830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOCRON, CELINA
929 BLUEWOOD TERRACE
WESTON, FL 33327 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	Title	AMBR
Name	CHOCRON, CELI NA	Name	CHOCRON, VANESSA R
Address	929 BLUEWOOD TERRACE	Address	929 BLUEWOOD TER
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

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: CELINA CHOCRON MGR 06/14/2020

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