

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000039191

Entity Name: COJO CARE LLC**Current Principal Place of Business:**3825 LEONARD CIRCLE WEST
JACKSONVILLE, FL 32228**Current Mailing Address:**11640 TANAGER DR
JACKSONVILLE, FL 32225**FEI Number:** 81-4170211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMS, SHECOLBY J
11640 TANAGER DR
JACKSONVILLE, FL 32225 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	CEO
Name	SIMS, SHECOLBY J MRS
Address	3825 LEONARD CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32208

Title	PRESIDENT
Name	WILSON, D'CARI S
Address	3825 LEONARD CIRCLE W 3825 LEONARD CIR W
City-State-Zip:	JACKSONVILLE FL 32209

Title	CFO
Name	DINES, JOSICA A
Address	3825 LEONARD CIRCLE W 3825 LEONARD CIR W
City-State-Zip:	JACKSONVILLE FL 32209

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: SHECOLBY SIMS

CEO

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date