

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000149918

**Entity Name:** CITY HOPE HOMEMAKER AND COMPANION CARE, LLC

**Current Principal Place of Business:**

2941 LANTANA LAKES DRIVE WEST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2941 LANTANA LAKES DRIVE WEST  
JACKSONVILLE, FL 32246 US

**FEI Number: 82-2105280**

**Certificate of Status Desired: Yes**

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

NWOBODO, RICHARD  
2941 LANTANA LAKES DRIVE WEST  
JACKSONVILLE, FL 32246 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	P	Title	VP
Name	NWOBODO, RICHARD	Name	NWOBODO, ETHEL N
Address	2941 LANTANA LAKES DRIVE WEST	Address	2941 LANTANA LAKES DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

*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: RICHARD NWOBODO**

**PRESIDENT**

**09/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date