

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000128250

Entity Name: DONNA'S DEVOTED HEALTH CARE LLC

Current Principal Place of Business:

5402 W LAUREL ST
SUITE #209
TAMPA, FL 33607

Current Mailing Address:

5402 W LAUREL ST
SUITE #209
TAMPA, FL 33607 US

FEI Number: 83-0663795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKFORD, DONNA A
5402 W LAUREL ST
SUITE 209
TAMPA, FL 33607 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
Name BECKFORD, DONNA A
Address 5601 6TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

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: DONNA BECKFORD

PRESIDENT

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date