

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000135651

Entity Name: GLYCARE, LLC

Current Principal Place of Business:

4190 BELFORT ROAD, SUITE 353
JACKSONVILLE, FL 32216

Current Mailing Address:

4190 BELFORT ROAD, SUITE 353
JACKSONVILLE, FL 32216 US

FEI Number: 83-0782018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEEK & ASSOCIATES
200 E. FORSYTH STREET
JACKSONVILLE, FL 32202 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 MOONEY, KYLE P
Address 4190 BELFORT ROAD, SUITE 353
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name SUTTON, DAVID R
Address 4190 BELFORT ROAD, SUITE 353
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name SUTTON, CINDY R
Address 4190 BELFORT ROAD, SUITE 353
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name EVANS, JOHN G
Address 4190 BELFORT ROAD, SUITE 353
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: KYLE MOONEY

MGR

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date