

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000156184

Entity Name: PROVIDENT CARE RESIDENTIAL HOME LLC

Current Principal Place of Business:

4170 MUTTER ROAD
SAINT CLOUD, FL 34769

Current Mailing Address:

4170 MUTTER ROAD
SAINT CLOUD, FL 34769

FEI Number: 83-1168822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIS-MCINTYRE, NADINE
4170 MUTTER ROAD
ST. CLOUD, FL 34769 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 MCINTYRE, NADINE ELLIS
Address 4170 MUTTER RD
City-State-Zip: ST. CLOUD FL 34769

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: NADINE ELLIS MCINTYRE

MGR

04/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date