

**2021 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

04/07/2021

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

\_\_\_\_\_ Date