

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194449

Entity Name: CICILY HEALTH CARE SERVICES, "LLC"

Current Principal Place of Business:

219 SW MARATHON AVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

219 SW MARATHON AVE
PORT ST LUCIE, FL 34953 UN

FEI Number: 83-1562764

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TAYLOR MOORE, CAROL R
219 SW MARATHON AVE
PORT ST LUCIE, FL 34953 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 AP
Name TAYLOR MOORE, CAROL R
Address 219 SW MARATHON AVE
City-State-Zip: PORT ST LUCIE FL 34953

Title AP
Name MOORE, EVERTON A
Address 219 SW MARATHON AVE
City-State-Zip: PORT ST LUCIE FL 34953

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: CAROL R TAYLOR MOORE

AP

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date