

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000286837

**Entity Name:** 1ST NOEL CARE AND SERVICE LLC

**Current Principal Place of Business:**

850 NW 106TH STREET  
MIAMI, FL 33150

**Current Mailing Address:**

850 NW 106TH STREET  
MIAMI, FL 33150 US

**FEI Number:** 36-4917822

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOEL, PATRICIA  
850 NW 106TH STREET  
MIAMI, FL 33150 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	MANAGER	Title	AUTHORIZED MEMBER
Name	NOEL, PATRICIA	Name	GENEUS, GIVELOVE
Address	850 NW 106TH STREET	Address	850 NW 106TH STREET
City-State-Zip:	MIAMI FL 33150	City-State-Zip:	MIAMI FL 33150

*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:** NOEL, PATRICIA

**MANAGER**

**03/29/2024**

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

\_\_\_\_\_  
Date