

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000002078

Entity Name: IN JOY'S CARE, LLC

Current Principal Place of Business:

4833 LOCKSLEY AVE
JACKSONVILLE, FL 32208

Current Mailing Address:

4833 LOCKSLEY AVE
JACKSONVILLE, FL 32208

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LIVINGSTON, JOYELL
4833 LOCKSLEY AVE
JACKSONVILLE, FL 32208 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 LIVINGSTON, JOYELL
Address 4833 LOCKSLEY AVE
City-State-Zip: JACKSONVILLE FL 32208

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: JOYELL LIVINGSTON

MGR

04/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date