

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000088030

Entity Name: MELLOWNEASE EDWARDS HOME HEALTHCARE, LLC

Current Principal Place of Business:

10371 SHELBY CREEK ROAD NORTH
JACKSONVILLE, FL 32221

Current Mailing Address:

10371 SHELBY CREEK ROAD NORTH
JACKSONVILLE, FL 32221

FEI Number: 83-4383391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, MELLOWNEASE
10371 SHELBY CREEK ROAD NORTH
JACKSONVILLE, FL 32221 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 AMBR
Name EDWARDS, MELLOWNEASE
Address 10371 SHELBY CREEK ROAD NORTH
City-State-Zip: JACKSONVILLE FL 32221

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: MELLOWNEASE EDWARDS

AMBR

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date