

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000104382

Entity Name: URISE SUPPORTIVE CARE SERVICES, LLC

Current Principal Place of Business:

124 SW 17TH AVE
CHIEFLAND, FL 32626

Current Mailing Address:

430 NW 146TH DR
268
NEWBERRY, FL 32669

FEI Number: 36-4775259

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHELTON STRONG, CHONTAVIA D
430 NW 146TH DR
268
NEWBERRY, FL 32669 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 CEO
Name SHELTON STRONG, CHONTAVIA D
Address 430 NW 146TH DR. #268
City-State-Zip: NEWBERRY FL 32669

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: CHONTAVIA D SHELTON STRONG

CEO

06/29/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date