

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000179067

Entity Name: PALMS MAJESTIC CARE GIVING SERVICES LLC

Current Principal Place of Business:

4214 CYPRESS GLADES LANE
ORLANDO, FL 32824

Current Mailing Address:

4214 CYPRESS GLADES LANE
ORLANDO, FL 32824 US

FEI Number: 84-2479240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, PAMELA Y
4214 CYPRESS GLADES LANE
ORLANDO, FL 32824 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	Title	MGR
Name	SMITH, PAMELA Y	Name	POLLOCK, LATOYA K
Address	4214 CYPRESS GLADES LANE	Address	1450 MERCY DRIVE APT 142
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32808

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: PAMELA SMITH

MGR

04/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date