## 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. 06/30/2020

MANAGER

SIGNATURE: SHAUNTAE L DICKEY

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: GENERATION TO GENERATION HOME CARE, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

2019 NATALIE CT TALLAHASSEE, FL 32305

#### **Current Mailing Address:**

DOCUMENT# L19000244164

2019 NATALIE CT TALLAHASSEE, FL 32305 US

#### FEI Number: 84-3186701

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

DICKEY, SHAUNTAE L 2019 NATALIE CT TALLAHASSEE, FL 32305 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

#### Authorized Person(s) Detail :

| Title           | AP                   | Title           | MANAGER              |
|-----------------|----------------------|-----------------|----------------------|
| Name            | WILLIAMS, LISA D     | Name            | DICKEY, SHAUNTAE L   |
| Address         | 2019 NATALIE CT      | Address         | 2019 NATALIE CT      |
| City-State-Zip: | TALLAHASSEE FL 32305 | City-State-Zip: | TALLAHASSEE FL 32305 |

FILED Jun 30, 2020 Secretary of State 7344119836CC

Date

Certificate of Status Desired: No

Date