

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000266165

Entity Name: NICHOLAS CARE SERVICES LLC

Current Principal Place of Business:

124 STEEPLECHASE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 160967
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 84-3456013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN-NICHOLAS, SUSAN
124 STEEPLECHASE CIRCLE
SANFORD, FL 32771 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 ALLEN-NICHOLAS, SUSAN
Address 124 STEEPLECHASE CIRCLE
City-State-Zip: SANFORD FL 32771

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: SUSAN ALLEN-NICHOLAS

MANAGER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date