

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000184398

Entity Name: SHEANA'S CARE SUPPORT LLC

Current Principal Place of Business:

7055 BLANDING BLVD
JACKSONVILLE, FL 32244

Current Mailing Address:

PO BOX 440222
JACKSONVILLE, FL 32222 US

FEI Number: 85-1563457

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETERSON, TYSHEANA M
7055 BLANDING BLVD
JACKSONVILLE, FL 32244 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 AR
Name PETERSON, TYSHEANA
Address 7055 BLANDING BLVD
City-State-Zip: JACKSONVILLE FL 32244

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: TYSHEANA PETERSON

OWNER

04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date