

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000296555

**Entity Name:** CJ VIP CARE BEAR SERVICES LLC

**Current Principal Place of Business:**

1505 SPRING HARBOR DR  
APT E  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1505 SPRING HARBOR DR  
APT E  
DELRAY BEACH, FL 33445 US

**FEI Number:** 85-2732587

**Certificate of Status Desired:** Yes

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

SMITH, CAMILLE M  
1505 SPRING HARBOR  
APT E  
DELRAY BEACH, FL 33445 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, AMBR                      | Title           | CFO                            |
| Name            | SMITH, CAMILLE M               | Name            | JONES, KEISHAUN JORDAN         |
| Address         | 1505 SPRING HARBOR DR<br>APT E | Address         | 1505 SPRING HARBOR DR<br>APT E |
| City-State-Zip: | DELRAY BEACH FL 33445          | City-State-Zip: | DELRAY BEACH FL 33445          |

*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:** CAMILLE M SMITH

CEO

02/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date