

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000296555

Entity Name: CJ VIP CARE BEAR SERVICES LLC**Current Principal Place of Business:**14280 S. MILITARY TRAIL
UNIT 7384
DELRAY BEACH, FL 33482**Current Mailing Address:**14280 S. MILITARY TRAIL
UNIT 7384
DELRAY BEACH, FL 33482 US**FEI Number:** 85-2732587**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, CAMILLE M
14280 S. MILITARY TRAIL
UNIT 7384
DELRAY BEACH, FL 33482 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	AMBR
Name	SMITH, CAMILLE M
Address	14280 S. MILITARY TRAIL UNIT 7384
City-State-Zip:	DELRAY BEACH FL 33482

Title	CEO
Name	JONES, DOMINIQUE CHRISTINE
Address	14280 S. MILITARY TRAIL UNIT 7384
City-State-Zip:	DELRAY BEACH FL 33482

Title	COO
Name	DOCTOR, ANTWAYNE NORMAN
Address	14280 S. MILITARY TRAIL UNIT 7384
City-State-Zip:	DELRAY BEACH FL 33482

Title	CFO
Name	JONES, KEISHAUN JORDAN
Address	14280 S. MILITARY TRAIL UNIT 7384
City-State-Zip:	DELRAY BEACH FL 33482
Title	MANAGER
Name	SMITH, GARFIELD ANTHONY
Address	14280 S. MILITARY TRAIL UNIT 7384
City-State-Zip:	DELRAY BEACH FL 33482

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**02/04/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date