

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000357834

**Entity Name:** CODE OF CARE LLC

**Current Principal Place of Business:**

140 ACKLINS CT  
APT 307  
DAYTONA BEACH , FL 32119

**Current Mailing Address:**

140 ACKLINS CT  
APT 307  
DAYTONA BEACH , FL 32119 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

BOSS BREED COMPANY LLC  
140 ACKLINS CT  
APT 307  
DAYTONA BEACH , FL 32119 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  
Name            DAVIS, DESTINY A  
Address        140 ACKLINS CT  
                  APT 307  
City-State-Zip: DAYTONA BEACH FL 32119

*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:** DESTINY A DAVIS

CEO

05/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date