

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000367774

**Entity Name:** COVENANT CAREGIVERS 2, LLC

**Current Principal Place of Business:**

107 W. 19TH STREET  
PANAMA CITY, FL 32405

**Current Mailing Address:**

5041 NORTH 12TH AVENUE  
PENSACOLA, FL 32504 US

**FEI Number:** 86-2339570

**Certificate of Status Desired:** No

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

JONES, III, ROBERT L ESQ.  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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 COVENANT AT HOME, INC.  
Address 5041 NORTH 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

*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:** ODIN BERG

CHAIRMAN

04/21/2021

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

\_\_\_\_\_ Date