

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000041892

Entity Name: S & J FAMILY HEALTHCARE LLC

Current Principal Place of Business:

3725 CABALLERO AVE
NORTH PORT, FL 34286

Current Mailing Address:

3725 CABALLERO AVE
NORTH PORT, FL 34286 US

FEI Number: 86-1595377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ CASTRO, KATHY MGR
3725 CABALLERO AVE
NORTH PORT, FL 34286 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 MS
Name HERNANDEZ CASTRO , KATY
Address 3725 CABALLERO AVE
City-State-Zip: NORTH PORT FL 34286

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: KATY HERNANDEZ CASTRO

MS

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date