

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000147334

Entity Name: SYLVIA'S HEART SPECIAL CARE AND SUPPORT SERVICES
LLC

FILED
Apr 05, 2024
Secretary of State
3610449381CC

Current Principal Place of Business:

374 NE 26TH AVENUE
203
HOMESTEAD, FL 33033

Current Mailing Address:

374 NE 26TH AVENUE
203
HOMESTEAD, FL 33033

FEI Number: 86-3141586

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BLANTON, JOSEPH U
374 NE 26TH AVENUE
203
HOMESTEAD, FL 33033 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 DIRECTOR
Name BLANTON, JOSEPH U
Address 374 NE 26TH AVENUE
203
City-State-Zip: HOMESTEAD FL 33033

Title AUTHORIZED REPRESENTATIVE
Name BLANTON, JOSEPH
Address 374 NE 26TH AVENUE
203
City-State-Zip: HOMESTEAD FL 33033

Title MANAGER
Name BLANTON, PRISCILLA O
Address 26327 SW 141 PLACE
City-State-Zip: HOMESTEAD FL 33032

Title SECRETARY
Name HAYES, JANIYAH A
Address 26327 SW 141 PLACE
City-State-Zip: HOMESTEAD FL 33032

Title TRUSTEE
Name BURR, PARIS JR.
Address 26327 SW 141 PLACE
City-State-Zip: HOMESTEAD FL 33032

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: JOSEPH U BLANTON

DIRECTOR

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date