

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000374067

Entity Name: DECKENT CARE LLC

Current Principal Place of Business:

261 OAKVIEW DRIVE
TALLAHASSEE, FL 32305

Current Mailing Address:

261 OAKVIEW DRIVE
TALLAHASSEE, FL 32305 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAZIER, MATILDA
621 OAKFIELD RD
TALLAHASSEE, FL 32305 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 WILLIS, WILLIE III
Address 261 OAKVIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32305

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: WILLIE WILLIS III

AMBR

04/28/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date