

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000513518

Entity Name: CASSIE ELDER CARE, LLC

Current Principal Place of Business:

7883 MELVIN RD
JACKSONVILLE, FL 32210

Current Mailing Address:

7883 MELVIN RD
JACKSONVILLE, FL 32210 US

FEI Number: 85-1327542

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALLEN, CASSANDRA A
7883 MELVIN RD
JACKSONVILLE, FL 32210 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 ALLEN, CASSANDRA A
Address 7883 MELVIN RD
City-State-Zip: JACKSONVILLE FL 32210

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: CASSANDRA A. ALLEN

ADMINISTRATOR

02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date