

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000520678

**Entity Name:** THOMAS TOTAL CARE TTC LLC

**Current Principal Place of Business:**

8065 WAKEFIELD AVENUE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

8065 WAKEFIELD AVENUE  
JACKSONVILLE, FL 32208 US

**FEI Number:** 92-1304751

**Certificate of Status Desired:** No

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

THOMAS, FELISSA D  
8065 WAKEFIELD AVENUE  
JACKSONVILLE, FL 32208 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 THOMAS, FELISSA D  
Address 8065 WAKEFIELD AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

*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:** FELISSA D THOMAS

MGR

04/30/2024

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

\_\_\_\_\_ Date