

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000000433

**Entity Name:** GISSENTANNER CARE FACILITY LLC

**Current Principal Place of Business:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32208 US

**FEI Number:** 92-1590194

**Certificate of Status Desired:** No

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

GISSENTANNER, QUENTIN  
5918 SCOTT STREET  
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:** GISSENTANNER QUENTIN

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            GISSENTANNER , QUENTIN  
Address        5918 SCOTT STREET  
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:** QUENTIN GISSENTANNER

CEO

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date