

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000006562

Entity Name: MAGNOLIA QUALITY CARE LLC

Current Principal Place of Business:

126 NE GOLDEN RAIN TERRACE
LEE, FL 32059

Current Mailing Address:

126 NE GOLDEN RAIN TERRACE
LEE, FL 32059 UN

FEI Number: 92-1505892

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINSON, PATRICIA A
126 NE GOLDEN RAIN TERRACE
LEE, FL 32059 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: PATRICIA A ROBINSON

04/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name ROBINSON, PATRICIA A
Address 126 NE GOLDEN RAIN TERRACE
City-State-Zip: LEE 32059

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: PATRICIA ROBINSON

PRESIDENT

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date