

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000147461

**Entity Name:** JL CARE SERVICES LLC

**Current Principal Place of Business:**

11762 LAUREL VALLEY CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

11762 LAUREL VALLEY CIRCLE  
WELLINGTON, FL 33414 US

**FEI Number:** 99-0931418

**Certificate of Status Desired:** No

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

JOHNSON, CHANDORA  
11762 LAUREL VALLEY CIRCLE  
WELLINGTON, FL 33414 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 JOHNSON, CHANDORA  
Address 5512 BENTWOOD LN  
City-State-Zip: COMMERCE TWP MI 48382

*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:** CHANDORA JOHNSON

**MANAGER**

**03/14/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date