

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000210227

**Entity Name:** J & C MULTI CARE, LLC

**Current Principal Place of Business:**

307 ERIE CT  
KISSIMMEE, FL 34759

**Current Mailing Address:**

307 ERIE CT  
KISSIMMEE, FL 34759 UN

**FEI Number:** 99-3001540

**Certificate of Status Desired:** No

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

BONILLA, JONATHAN  
307 ERIE CT  
KISSIMMEE, FL 34759 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            AMBR  
Name            BONILLA, JONATHAN  
Address        307 ERIE CT  
City-State-Zip: KISSIMMEE FL 34759

*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:** JONATHAN BONILLA

**MGR**

**03/15/2025**

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

\_\_\_\_\_  
Date