

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000339899

**Entity Name:** GRACE AND AMAZING COMFORT CARE LLC

**Current Principal Place of Business:**

4602 SW SCANAVINO STREET  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

4602 SW SCANAVINO STREET  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 99-4255736

**Certificate of Status Desired:** No

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

OLOKOR, OMAMEZI  
1860 SW FOUNTAIN VIEW BLVD  
100  
PORT SAINT LUCIE, FL 34986 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 OLOKOR, OMAMEZI  
Address 1860 SW FOUNTAIN VIEW BLVD STE  
100  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title CEO  
Name OLOKOR, AKPO  
Address 4602 SW SCANAVINO STREET  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** OMAMEZIOLOKOR

MGR

03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date