

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000493952

Entity Name: HOME SWEET HOME ASSISTED LIVING BY C&A LLC

Current Principal Place of Business:

2165 SW KAIL ST
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

2165 SW KAIL ST
PORT SAINT LUCIE, FL 34984

FEI Number: 92-1158933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORDE ROBINSON, CAMILLE
2165 SW KAIL ST
PORT SAINT LUCIE, FL 34984 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 PRES
Name ROBINSON, CAMILLE FORDE
Address 2165 SW KAIL ST
City-State-Zip: PORT SAINT LUCIE FL 34984

Title VP
Name ROBINSON, ANDREW P
Address 2165 SW KAIL ST
City-State-Zip: PORT SAINT LUCIE FL 34984

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: CAMILLE FORDE-ROBINSON

PRESIDENT

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date