## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000404897

Entity Name: MISSY QUALITY LIFE CAREGIVERS, LLC

## **Current Principal Place of Business:**

1105 VERMILLION DR LAKE WORTH, FL 33461

**Current Mailing Address:** 

1105 VERMILLION DR LAKE WORTH. FL 33461 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INC AUTHORITY RA 390 NORTH ORANGE AVE., STE 2300-N ORLANDO, FL 32801 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

**FILED** Apr 23, 2024

**Secretary of State** 

0645153510CC

## Authorized Person(s) Detail:

Title MGR

Name JEAN, MISSELENE Address 1105 VERMILLION DR City-State-Zip: LAKE WORTH FL 33461

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: JEAN, MISSELENE

**MGR** 

04/23/2024