

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09000038737**

1. Entity Name

JC HEALTHCARE P.L.



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2. Principal Place of Business - No P.O. Box #

10101 SW 40 STREET

3. Mailing Address

PO Box 162900

Suite, Apt. #, ect.

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

26-4786888

Applied For

Not Applicable

Zip

33165

Country

US

Zip

33116

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name **JOSE F CARDONA**

Street Address (P.O. Box Number is Not Acceptable)

10101 SW 40 STREET

City **Miami**

FL

Zip Code
33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSE F CARDONA**

Signature, typed or printed name of registered agent and title if applicable

05/20/11

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

E-mail Address:

jacqueline.morelos@llcansw.com

To be used for future annual report notices

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT**
NAME **JOSE F CARDONA**
STREET ADDRESS **10101 SW 40 STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **JOSE F CARDONA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/20/11 786 366 6887

Date Daytime Phone#

2270