

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029979

Entity Name: AMERICA CARES, LLC

Current Principal Place of Business:

1540 BLUE POINT AVE
#103
NAPLES, FL 34102

Current Mailing Address:

1540 BLUE POINT AVE
#103
NAPLES, FL 34102 US

FEI Number: 26-2375349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIXON, C W
752 CARIBBEAN CT
MARIO ISLAND, FL 34145 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 MGRM
Name DIXON, CHAD C
Address 852 1ST AVE S
City-State-Zip: NAPLES FL 34102

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: CHAD DIXON

MEMBER

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date