

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084415

**Entity Name:** TOTAL CARE CONSULTANTS LLC

**Current Principal Place of Business:**

939 E MEMORIAL BLVD  
LAKELAND, FL 33801

**Current Mailing Address:**

939 E MEMORIAL BLVD  
LAKELAND, FL 33801 US

**FEI Number:** 26-3338349

**Certificate of Status Desired:** No

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

CASTANO, JUSTIN JJUSTIN  
7401 LOGHOUSE RD  
PLANT CITY, FL 33565 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	Title	MGR
Name	CASTANO, JUSTIN L	Name	FERNANDES, JONATHAN N
Address	7401 LOGHOUSE RD.	Address	2643 NICHOLS RD.
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	LITHIA FL 33547
Title	MGR		
Name	CASTANO, JARROD A		
Address	2458 BROWNWOOD DR		
City-State-Zip:	MULBERRY FL 33860		

*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:** JARROD CASTANO

MGR

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date