

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084415

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC4775566091**

**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  
Name CASTANO, JUSTIN L  
Address 7401 LOGHOUSE RD.  
City-State-Zip: PLANT CITY FL 33565

Title MGR  
Name FERNANDES, JONATHAN N  
Address 2643 NICHOLS RD.  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JARROD A CASTANO**

**MGR**

**02/05/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date