

2020 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
1324 EDGEWATER BEACH DR
LAKELAND, FL 33805 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 1324 EDGEWATER BEACH DR
City-State-Zip: LAKELAND FL 33805

Title MGR
Name FERNANDES, JONATHAN N
Address 2643 NICHOLS RD.
City-State-Zip: LITHIA FL 33547

Title MGR
Name CASTANO, JARROD A
Address 14 EUCLID DR
City-State-Zip: PLANT CITY FL 33563

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

03/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date