

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084415

**FILED
Mar 02, 2018
Secretary of State
CC4467554836**

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

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date