

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000009782

**Entity Name:** SUMILANG HEALTH CARE, LLC

**Current Principal Place of Business:**

5741 9TH AVE N  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

6120 KIPPS COLONY DR W  
GULFPORT, FL 33707 US

**FEI Number: 45-4438094**

**Certificate of Status Desired: No**

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

SUMILANG, CAROLINA  
6120 KIPPS COLONY DR W  
GULFPORT, FL 33707 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 SUMILANG, CAROLINA  
Address 6120 KIPPS COLONY DR W  
City-State-Zip: GULFPORT FL 33707

Title MGRM  
Name SUMILANG, HERACLEO JAY  
Address 6120 KIPPS COLONY DR W  
City-State-Zip: GULFPORT FL 33707

*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: CAROLINA W SUMILANG**

**MEMBER**

**04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date