

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048937

**Entity Name:** MY LIFE CARE LLC

**Current Principal Place of Business:**

13505 SW 122ND AVE  
MIAMI, FL 33186

**Current Mailing Address:**

13505 SW 122ND AVE  
MIAMI, FL 33186 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AMOYO, RAMONCITO  
13505 SW 122ND AVE  
MIAMI, FL 33186 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 AMOYO, RAMONCITO  
Address 13505 SW 122ND AVE  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name AMOYO, MARIA VICTORIA P  
Address 13505 SW 122ND AVE  
City-State-Zip: MIAMI FL 33186

*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:** RAMONCITO AMOYO

**MGRM**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date