## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000070452

**Entity Name: CARE PROPERTIES LLC** 

**Current Principal Place of Business:** 

1505 GOODYEAR AVE LAKELAND, FL 33801

**Current Mailing Address:** 

307 HWY 365

MANITOU BEACH. SK S0K 4T1 CA

FEI Number: 90-0859921 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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

**FILED** Apr 20, 2016

**Secretary of State** 

CC2901451950

Authorized Person(s) Detail:

Title MGRM Title

Name SIMARD, DESIREE Name SIMARD, JIM 307 HWY 365 Address 307 HWY 365 Address

City-State-Zip: MANITOU BEACH SK S0K 4T1 City-State-Zip: MANITOU BEACH SK S0K 4T1

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: DESIREE SIMARD

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER MEMBER

**MGRM** 

04/20/2016