

**2015 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

**Authorized Person(s) Detail :**

Title MGRM  
Name SIMARD, JIM  
Address 307 HWY 365  
City-State-Zip: MANITOU BEACH SK S0K 4T1

Title MGRM  
Name SIMARD, DESIREE  
Address 307 HWY 365  
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

**MANAGER MEMBER**

**04/15/2015**

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

\_\_\_\_\_  
Date