

2013 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:** Yes**Name and Address of Current Registered Agent:**INCRP 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, RONALD
Address	APARTADO 1011 - 00009
City-State-Zip:	CHAME REPUBLIC OF PANAMA

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

Title	MGRM
Name	SIMARD, PAMELA
Address	APARTADO 1011 - 00009
City-State-Zip:	CHAME REPUBLIC OF PANAMA

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: JIM SIMARD

MGRM

03/05/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date