

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000020413

**Entity Name:** MULTICULTURAL CARE CENTERS, LLC

**Current Principal Place of Business:**

20401 NW 2ND AVENUE  
STE 308  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

5347 GRAND BANKS BLVD  
GREENACRES, FL 33463

**FEI Number:** 46-2050377

**Certificate of Status Desired:** Yes

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

HADLEY, BEATRIZ  
5347 GRAND BANKS BLVD.  
GREENACRES, FL 33463 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 MGR  
Name HADLEY, BEATRIZ  
Address 20401 NW 2ND AVENUE, STE 308  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** BEATRIZ HADLEY

MGR

02/28/2018

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

\_\_\_\_\_ Date