

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054625

**Entity Name:** MATUS NURSING CARE, LLC

**Current Principal Place of Business:**

2751 OCEAN CLUB BLVD  
APT 305  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

2751 OCEAN CLUB BLVD  
APT 305  
HOLLYWOOD, FL 33019 US

**FEI Number:** 46-2732491

**Certificate of Status Desired:** Yes

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

MATUS, CARYN-JANE  
2751 OCEAN CLUB BLVD  
APT 305  
HOLLYWOOD, FL 33019 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 MATUS, CARYN-JANE  
Address 2751 OCEAN CLUB BLVD APT 305  
City-State-Zip: HOLLYWOOD FL 33019

*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:** CARYN-JANE MATUS

MGRM

04/28/2019

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

\_\_\_\_\_  
Date