

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133108

**Entity Name:** SEBASTIAN ID CARE LLC

**Current Principal Place of Business:**

7955 BAY STREET  
SUITE 2  
SEBASTIAN, FL 32958

**Current Mailing Address:**

7955 BAY STREET  
SUITE 2  
SEBASTIAN, FL 32958 US

**FEI Number:** 46-3744196

**Certificate of Status Desired:** No

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

2010 SOLUTIONS INC  
565 JACKSON AVE  
STE C  
SATELLITE BEACH, FL 32937 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 AISHA THOMAS-ST. CYR  
Address 141 MORGAN CIRCLE  
City-State-Zip: SEBASTIAN FL 32958

*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:** AISHA THOMAS-ST CYR

MGRM

04/30/2023

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

\_\_\_\_\_  
Date