

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000108246

**Entity Name:** PROPERTY CARE NETWORK LLC

**Current Principal Place of Business:**

13924 MYRTLEWOOD DR.  
ORLANDO, AL 32832

**Current Mailing Address:**

13924 MYRTLEWOOD DR.  
ORLANDO, AL 32832 US

**FEI Number:** 47-1441366

**Certificate of Status Desired:** No

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

LANZA, GABRIELA  
13924 MYRTLEWOOD DR.  
ORLANDO, FL 32832 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            PRESIDENT  
Name            GABRIELA, LANZA  
Address        13924 MYRTLEWOOD DR.  
City-State-Zip: ORLANDO AL 32832

*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:** GABRIELA LANZA

**PRESIDENT/OWNER**

**06/28/2020**

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

\_\_\_\_\_  
Date