

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149520

**Entity Name:** CART CARE, LLC

**Current Principal Place of Business:**

13866 S. HWY. 441  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

13866 S. HWY. 441  
SUMMERFIELD, FL 34491 US

**FEI Number:** 47-1988652

**Certificate of Status Desired:** No

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

HUBBARD, ROBERT  
13866 S. HWY. 441  
SUMMERFIELD, FL 34491 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            HUBBARD, ROBERT  
Address        13866 S. HWY. 441  
City-State-Zip: SUMMERFIELD FL 34491

*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:** ROBERT HUBBARD

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date