

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000034223

**Entity Name:** CRUZ LOVIN CARE, LLC

**Current Principal Place of Business:**

342 HEATHER HILLS DRIVE  
CLERMONT, FL 34711

**Current Mailing Address:**

342 HEATHER HILLS DRIVE  
CLERMONT, FL 34711 US

**FEI Number:** 47-3266878

**Certificate of Status Desired:** No

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

MITRE ACCOUNTING & TAX SERVICES, LLC.  
1635 E HIGHWAY 50  
STE 206  
CLERMONT, FL 34711 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:** AUNDRE SCOTT

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	WATSON-GORDON, PERLENA E	Name	GORDON, WINSTON
Address	342 HEATHER HILLS DRIVE	Address	342 HEATHER HILLS DRIVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** PERLENA WATSON-GORDON

OWNER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date