

**2019 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.  
15701 SR 50 STE 202  
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

03/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGR  
Name GORDON, WINSTON  
Address 342 HEATHER HILLS DRIVE  
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

MGRM

03/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date