

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000186272

**Entity Name:** CAREXPERIENCE LLC.

**Current Principal Place of Business:**

4861 NE 12TH AVENUE  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

12418 78TH PL N  
WEST PALM BEACH, FL 33412-2225 US

**FEI Number:** 47-5498941

**Certificate of Status Desired:** No

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

EVERAERT, VINCENT P  
12418 78TH PL N  
WEST PALM BEACH, FL 33412-2225 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 MGR  
Name EVERAERT, VINCENT P  
Address 12418 78TH PL N  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** VINCENT EVERAERT

MGR

04/26/2019

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

\_\_\_\_\_  
Date