

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000081627

**Entity Name:** L. MATSON CARE, L.L.C

**Current Principal Place of Business:**

16 NOTTINGHAM PL  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

16 NOTTINGHAM PL  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 81-2486570

**Certificate of Status Desired:** No

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

MATSON, LUCIANA  
16 NOTTINGHAM PL  
BOYNTON BEACH, FL 33426 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:** LUCIANA MATSON

02/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MATSON , LUCIANA  
Address 16 NOTTINGHAM PL  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** MATSON , LUCIANA

MGR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date