

2018 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: _____

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: LUCIANA O MATSON

05/16/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date