

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214208

**Entity Name:** BENDCARE PLUS LLC

**Current Principal Place of Business:**

2801 OCEAN DRIVE  
SUITE 302  
VERO BEACH, FL 32963

**Current Mailing Address:**

2801 OCEAN DRIVE  
SUITE 302  
VERO BEACH, FL 32963 US

**FEI Number:** 81-4560413

**Certificate of Status Desired:** No

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

BARREIRINHAS, YOSHI  
2801 OCEAN DRIVE  
SUITE 302  
VERO BEACH, FL 32963 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 RIPPS, ANDREW  
Address 2801 OCEAN DRIVE  
SUITE 302  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name BARREIRINHAS, YOSHI  
Address 2801 OCEAN DRIVE  
SUITE 302  
City-State-Zip: VERO BEACH FL 32963

Title VP-FINANCE  
Name SPRUIT, JACOB JOHN  
Address 2801 OCEAN DRIVE  
SUITE 302  
City-State-Zip: VERO BEACH FL 32963

*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:** YOSHI BARREIRINHAS

**CFO**

**06/08/2020**

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

\_\_\_\_\_  
Date