

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000232648

**Entity Name:** AFFORDABLE CARE AGENCY LLC

**Current Principal Place of Business:**

11700 TEMPLETON RD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

11700 TEMPLETON RD  
JACKSONVILLE, FL 32258 US

**FEI Number:** 81-4792698

**Certificate of Status Desired:** No

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

DEMETRI, DARIAN  
11700 TEMPLETON RD  
JACKSONVILLE, FL 32258 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 P  
Name DEMETRI, DARIAN  
Address 11700 TEMPLETON RD  
City-State-Zip: JACKSONVILLE FL 32258

Title VP  
Name WRIGHT, TENESHIA  
Address 11700 TEMPLETON RD  
City-State-Zip: JACKSONVILLE FL 32258

*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:** DARIAN DEMETRI

**PRESIDENT**

**01/30/2018**

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

\_\_\_\_\_  
Date