

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002062

**Entity Name:** ANITA CARES, LLC

**Current Principal Place of Business:**

13635 21ST STREET  
DADE CITY, FL 33525

**Current Mailing Address:**

13635 21ST STREET  
DADE CITY, FL 33525 US

**FEI Number:** 81-5368871

**Certificate of Status Desired:** No

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

CARROLL, PATRICIA A TTEE  
13635 21ST STREET  
DADE CITY, FL 33525 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 CARROLL, PATRICIA A TTEE  
Address 13635 21ST STREET  
City-State-Zip: DADE CITY FL 33525

*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:** PATRICIA A. CARROLL

MGR

06/09/2020

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

\_\_\_\_\_  
Date