

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000005174

Entity Name: LUPE CARE LLC

Current Principal Place of Business:

18959 NW 67 PL
HIALEAH, FL 33015

Current Mailing Address:

18959 NW 67 PL
HIALEAH, FL 33015 US

FEI Number: 81-4931144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, GUADALUPE K
18959 NW 67 PL
HIALEAH, FL 33015 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 TORRES, GUADALUPE K
Address 18959 NW 67 PL
City-State-Zip: HIALEAH FL 33015

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: GUADALUPE K TORRES

MANAGER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date