

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000095814

**Entity Name:** EMROSE CARE SERVICES, LLC

**Current Principal Place of Business:**

1805 W COLONIAL DR  
ORLANDO, FL 32804

**Current Mailing Address:**

4569 OAKTON DRIVE  
ORLANDO, FL 32818 US

**FEI Number: 82-1472682**

**Certificate of Status Desired: No**

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

NKORONYE, ROSELINE A  
4569 OAKTON DRIVE  
ORLANDO, FL 32818 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	Title	MGR
Name	NKORONYE, ROSELINE A	Name	NKORONYE, UGOCHI N
Address	4569 OAKTON DRIVE	Address	4569 OAKTON DRIVE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32818

*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: ROSELINE NKORONYE**

**MGR**

**03/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date