

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000167607

**Entity Name:** 1 CARE LLC

**Current Principal Place of Business:**

13799 PARK BLVD  
315  
SEMINOLE, FL 33776

**Current Mailing Address:**

13799 PARK BLVD  
315  
SEMINOLE, FL 33776

**FEI Number:** 82-2400309

**Certificate of Status Desired:** No

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

MCCABE, STEVEN  
13799 PARK BLVD  
SEMINOLE, FL 33776 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            OWNER  
Name            MCCABE, STEVEN  
Address        13799 PARK BLVD  
                  315  
City-State-Zip: SEMINOLE FL 33776

*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:** STEVEN MCCABE

**OWNER**

**02/08/2019**

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

\_\_\_\_\_  
Date