

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000174099

**Entity Name:** RGA CARES, LLC

**Current Principal Place of Business:**

16645 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756

**Current Mailing Address:**

16645 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756 US

**FEI Number:** 82-3933387

**Certificate of Status Desired:** No

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

ALAY, ROSALINDA G  
16645 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756 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 ALAY, ROSALINDA G  
Address 16645 MAGNOLIA TERRACE BLVD.  
City-State-Zip: MONTVERDE FL 34756

Title AMBR  
Name ALAY, LUDGER HOPE  
Address 16645 MAGNOLIA TERRACE BLVD.  
City-State-Zip: MONTVERDE FL 34756

*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:** LUDGERHOPE ALAY

MGR

03/24/2019

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

\_\_\_\_\_  
Date