

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203144

**Entity Name:** AMERICUS TOTAL CARE, LLC

**Current Principal Place of Business:**

2308 AMERICUS DRIVE  
CLEARWATER,, FL 33763

**Current Mailing Address:**

2308 AMERICUS DRIVE  
CLEARWATER,, FL 33763 US

**FEI Number: 82-3100588**

**Certificate of Status Desired: Yes**

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

ULYSSE, MARIE D  
2308 AMERICUS DRIVE  
CLEARWATER,, FL 33763 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	ADMINISTRATOR	Title	MGR
Name	ULYSSE, MARIE D	Name	JENKINS, DENISE
Address	2308 AMERICUS DRIVE	Address	2308 AMERICUS DRIVE
City-State-Zip:	CLEARWATER, FL 33763	City-State-Zip:	CLEARWATER, FL 33763

*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: MARIE ULYSSE**

**ADMINISTRATOR**

**04/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date