## 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

MGR

that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: MARIE ULYSSE

Electronic Signature of Signing Authorized Person(s) Detail

CLEARWATER., FL 33763 US

Entity Name: AMERICUS TOTAL CARE, LLC

**Current Principal Place of Business:** 

### FEI Number: 82-3100588

**Current Mailing Address:** 2308 AMERICUS DRIVE

DOCUMENT# L17000203144

2308 AMERICUS DRIVE CLEARWATER,, FL 33763

#### 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

#### Authorized Person(s) Detail :

Title	MGR	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

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 13, 2020 Secretary of State 0310066371CC

FILED

Certificate of Status Desired: Yes

01/13/2020

Date

Date