# 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: RENE DIAZ

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

**Current Principal Place of Business:** 

Entity Name: TOTAL PROPERTY CARE SERVICES LLC

5901 NW 151 ST #100 MIAMI LAKES, FL 33014 US

#### FEI Number: 82-4073627

3210 NW 16 ST MIAMI, FL 33125

# Name and Address of Current Registered Agent:

DIAZ, RENE SR 5901 NW 151 ST #100 MIAMI LAKES, FL 33014 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 :

City-State-Zip: MIAMI FL 33125

Title	MANAGER	Title	MANAGER
Name	DIAZ, RENE SR.	Name	FIALLO, GUILLERMO
Address	3210 NW 16 ST	Address	3210 NW 16 STREET
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125
Title	MANAGER		
Name	NOVO DIAZ, DAIRON		
Address	3210 NW 16 STREET		

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000007142 FILED Feb 15, 2022 Secretary of State 8223495178CC

Certificate of Status Desired: No

MANAGER

Date

Date