

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000123513

**Entity Name:** PRIVATE CARE SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

2991 NW 124TH WAY  
BUILDING 4, UNIT 155  
SUNRISE, FL 33322

**Current Mailing Address:**

P.O. BOX 26486  
TAMARAC, FL 33320 US

**FEI Number:** 83-1654228

**Certificate of Status Desired:** No

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

ESQUERETE, RICHARD  
2991 NW 124TH WAY  
BUILDING 4, UNIT 155  
SUNRISE, FL 33322 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 ESQUERETE, RICHARD  
Address 2991 NW 124TH WAY  
City-State-Zip: SUNRISE FL 33323

Title MGR  
Name EVANS, CASEY  
Address 2991 NW 124TH WAY  
BUILDING 4, UNIT 155  
City-State-Zip: SUNRISE FL 33322

Title AMBR  
Name ESQUERETE, RICHARD  
Address 2991 NW 124TH WAY  
BUILDING 4, UNIT 155  
City-State-Zip: SUNRISE FL 33322

Title AMBR  
Name EVANS, CASEY  
Address 2991 NW 124TH WAY  
BUILDING 4, UNIT 155  
City-State-Zip: SUNRISE FL 33322

*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:** EVANS, CASEY

CASEY EVANS

05/05/2023

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

\_\_\_\_\_  
Date