

2024 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: CASEY EVANS

MANAGER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date