

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000167903

**Entity Name:** GOLDEN RULE CARE LLC

**Current Principal Place of Business:**

3020 NE 41ST TER  
# 324  
HOMESTEAD, FL 33033

**Current Mailing Address:**

3020 NE 41ST TER  
# 324  
HOMESTEAD, FL 33033 US

**FEI Number:** 83-1215087

**Certificate of Status Desired:** No

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

MARI, RAMON  
6854 SW 25TH TER  
MIAMI, FL 33155 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 MARI LUNA, YIDER  
Address 3020 NE 41ST TER # 324  
City-State-Zip: HOMESTEAD FL 33033

*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:** YIDER MARI LUNA

MGR

02/08/2020

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

\_\_\_\_\_  
Date