

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000184846

**Entity Name:** ALL CARE ENGAGEMENTS, LLC

**Current Principal Place of Business:**

5753 HIGHWAY 85 N #4101  
CRESTVIEW, FL 32536

**Current Mailing Address:**

5753 HIGHWAY 85 N #4101  
CRESTVIEW, FL 32536 UN

**FEI Number:** 83-1432959

**Certificate of Status Desired:** No

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

CARMEN, ABI  
5753 HIGHWAY 85 N #4101  
CRESTVIEW, FL 32536 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 CARMEN, ABI  
Address 5753 HIGHWAY 85 N #4101  
City-State-Zip: CRESTVIEW FL 32536

Title AMBR  
Name GILLINGHAM, DEANNA  
Address 5753 HIGHWAY 85 N #4101  
City-State-Zip: CRESTVIEW FL 32536

Title AMBR  
Name CARMEN, ANDREW  
Address 14 N. SANGAMON #205  
City-State-Zip: CHICAGO IL 60607

*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:** ABI C CARMEN

MBR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date