# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000224336

#### Entity Name: ANOVA CARE LLC

# **Current Principal Place of Business:**

2053 N UNIVERSITY DR SUNRISE, FL 33322

# **Current Mailing Address:**

6420 NW 5TH WAY FORT LAUDERDALE, 33309 UN

# FEI Number: APPLIED FOR

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

VZ ACCOUNTING SERVICES INC 6420 NW 5TH WAY FORT LAUDERDALE, FL 33309 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: ELIZABETH ZAMORA

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

TitleMGRNameSOSA, BERIOSKAAddress2053 N UNIVERSITY DRCity-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: BERIOSKA SOSA

MANAGER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2019 Secretary of State 5799647593CC

Certificate of Status Desired: No

04/29/2019

Date

Date