

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000224336

Entity Name: ANOVA CARE LLC

Current Principal Place of Business:

3325 S. UNIVERSITY DRIVE
SUITE 200
DAVIE, FL 33328

Current Mailing Address:

3325 S. UNIVERSITY DRIVE, SUITE 200
DAVIE, FL 33328 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EQUITURN BUSINESS SOLUTIONS INC
3325 S. UNIVERSITY DRIVE - STE. 200
DAVIE, FL 33328 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 SOSA, BERIOSKA
Address 601 NW 82ND AVE, #201
City-State-Zip: PLANTATION FL 33324

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

MGR

03/18/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date