

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000243394

Entity Name: QUINTERO BLUE CARE, LLC

Current Principal Place of Business:

4464 SPRING GLEN RD
JACKSONVILLE, FL 32207

Current Mailing Address:

4464 SPRING GLEN RD
JACKSONVILLE, FL 32207 US

FEI Number: 83-2268908

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

QUINTERO, ANAY
4464 SPRING GLEN RD
JACKSONVILLE, FL 32207 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 QUINTERO, ANAY
Address 4464 SPRING GLEN RD
City-State-Zip: JACKSONVILLE FL 32207

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: ANAY QUINTERO

MANAGER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date