

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000262077

**Entity Name:** HAIT CARE LLC

**Current Principal Place of Business:**

3319 INTERNATIONAL VILLAGE CT  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3319 INTERNATIONAL VILLAGE CT  
JACKSONVILLE, FL 32277

**FEI Number:** 82-2897163

**Certificate of Status Desired:** No

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

HUMPHREY, TIAH  
3319 INTERNATIONAL VILLAGE CT  
JACKSONVILLE, FL 32277 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            CEO  
Name            HUMPHREY, TIAH Y  
Address        3319 INTERNATIONAL VILLAGE CT  
City-State-Zip: JACKSONVILLE FL 32277

*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:** TIAH HUMPHREY

CEO

03/01/2023

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

\_\_\_\_\_ Date