

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000002188

Entity Name: ALIVIAR CARE MANAGEMENT, LLC

Current Principal Place of Business:

320 WEST SABAL PALM PL
300
LONGWOOD, FL 32779

Current Mailing Address:

320 WEST SABAL PALM PL
300
LONGWOOD, FL 32779

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPADIA, ASHISH
320 WEST SABAL PALM PL
300
LONGWOOD, FL 32779 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 ALIVIAR CARE, LLC
Address 320 WEST SABAL PALM PL
City-State-Zip: LONGWOOD FL 32779

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: ASHISH KAPADIA

AGENT

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date