

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000142043

**Entity Name:** AZ PERSONAL CARE LLC

**Current Principal Place of Business:**

8045 NW 36 CT  
MIAMI, FL 33147

**Current Mailing Address:**

8045 NW 36 CT  
MIAMI, FL 33147 US

**FEI Number:** 84-2018309

**Certificate of Status Desired:** No

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

ZAMBRANA, ANA  
8045 NW 36 CT  
MIAMI, FL 33147 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 ZAMBRANA, ANA  
Address 8045 NW 36 CT  
City-State-Zip: MIAMI FL 33147

*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:** ANA ZAMBRANA

MGR

04/19/2020

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

\_\_\_\_\_ Date