

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000235238

**Entity Name:** CNA'S CARE PLAN LLC

**Current Principal Place of Business:**

9943 FAWN RIDGE DR  
JACKSONVILLE, FL 32256-7050

**Current Mailing Address:**

9943 FAWN RIDGE DR  
JACKSONVILLE, FL 32256-7050 US

**FEI Number:** 84-3250933

**Certificate of Status Desired:** Yes

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

MONTOYA-GIL, NORA E  
9943 FAWN RIDGE DR  
JACKSONVILLE, FL 32256-7050 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:** NORA E MONTOYA-GIL

04/16/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AP
Name	MONTOYA-GIL, NORA E	Name	RESTREPO-MONTOYA, NICOLE
Address	9943 FAWN RIDGE DR	Address	9943 FAWN RIDGE DR
City-State-Zip:	JACKSONVILLE FL 32256-7050	City-State-Zip:	JACKSONVILLE FL 32256-7050

*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:** NORA E MONTOYA-GIL

MGR

04/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date