

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000235238

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

**Current Principal Place of Business:**

12171 BEACH BLVD  
1526  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12171 BEACH BLVD  
1526  
JACKSONVILLE, FL 32246 US

**FEI Number:** 84-3250933

**Certificate of Status Desired:** No

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

MONTOYA-GIL, NORA E  
12171 BEACH BLVD  
1526  
JACKSONVILLE, FL 32246 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

03/06/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MONTOYA-GIL, NORA E  
Address 12171 BEACH BLVD  
1526  
City-State-Zip: JACKSONVILLE FL 32246

*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

AMBR

03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date