

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000287989

Entity Name: ICARE VISUAL SERVICES MANAGEMENT, LLC

Current Principal Place of Business:

1515 SUNSET DRIVE, SUITE 32
MIAMI, FL 33143

Current Mailing Address:

1515 SUNSET DRIVE, SUITE 32
MIAMI, FL 33143

FEI Number: 84-3973259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name SETTEMBRINO, JEFF
Address 1515 SUNSET DRIVE, SUITE 32
City-State-Zip: MIAMI FL 33143

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: JEFF SETTEMBRINO

MANAGER

05/19/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date