

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000301980

**Entity Name:** 141 DAMFICARE, LLC

**Current Principal Place of Business:**

37 AEGEAN AVE  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 3344  
TAMPA, FL 33601 US

**FEI Number:** 84-3904264

**Certificate of Status Desired:** No

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

DELAVERGNE, JOHN  
37 AEGEAN AVE  
TAMPA, FL 33606 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 DELAVERGNE, JOHN  
Address 37 AEGEAN AVE  
City-State-Zip: TAMPA FL 33606

*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:** JOHN DELAVERGNE

**MANAGER**

**02/02/2024**

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

\_\_\_\_\_  
Date