

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000151653

**Entity Name:** PHLEB CARES "LLC"

**Current Principal Place of Business:**

1649 BIRDIE DR  
NAPLES, FL 34120

**Current Mailing Address:**

1649 BIRDIE DR  
NAPLES, FL 34120 US

**FEI Number:** 85-1360381

**Certificate of Status Desired:** No

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

CAIRAMPOMA, LUZMILA  
1649 BIRDIE DR  
NAPLES, FL 34120 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 CAIRAMPOMA, LUZMILA  
Address 1649 BIRDIE DR  
City-State-Zip: NAPLES FL 34120

Title AMBR  
Name VLAHAKIS, SANDRA  
Address 2675 ORANGE GROVE TRAIL  
City-State-Zip: NAPLES FL 34120

*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:** LUZMILA CAIRAMPOMA

**MANAGER**

**03/05/2021**

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

\_\_\_\_\_  
Date