

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000179645

**Entity Name:** SERVICEMEMBER CARE FACILITY LLC

**Current Principal Place of Business:**

1439 FOUR SEASON BLVD, LOT 113  
TAMPA, FL 33613

**Current Mailing Address:**

1439 FOUR SEASON BLVD, LOT 113  
TAMPA, FL 33613 US

**FEI Number: 85-1810683**

**Certificate of Status Desired: Yes**

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

CARSON, SHARRON  
1439 FOUR SEASON BLVD, LOT 113  
TAMPA, FL 33613 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:** SHARRON CARSON

02/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARSON, SHARRON  
Address 1439 FOUR SEASON BLVD, LOT 113  
City-State-Zip: TAMPA FL 33613

*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:** SHARRON S CARSON

OWNER/MANAGER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date