

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000184097

**Entity Name:** AMIABILITYCARE. LLC

**Current Principal Place of Business:**

9631 TOWN PARC CIR S  
PARKLAND, FL 33076

**Current Mailing Address:**

9631 TOWN PARC CIR S  
PARKLAND, FL 33076 US

**FEI Number: 85-1864045**

**Certificate of Status Desired: No**

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

KLERTZ,INC  
9631 TOWN PARC CIR S  
PARKLAND, FL 33076 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                  | Title           | MGR                   |
| Name            | RICARDO, CLAIRE C    | Name            | RICARDO, JEAN MARIE J |
| Address         | 9631 TOWN PARK CIR S | Address         | 9631 TOWN PARK CIR S  |
| City-State-Zip: | PARKLAND FL 33076    | City-State-Zip: | PARKLAND FL 33076     |

*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: JEAN MARIE E RICARDO**

**MR**

**04/12/2021**

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

\_\_\_\_\_  
Date