

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000275909

**Entity Name:** AMAYSING CARE & HEALTH SERVICES LLC

**Current Principal Place of Business:**

BROOKPARK  
TAMPA, FL 33647

**FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**2674091313CC**

**Current Mailing Address:**

18336 BROOKPARK DR.  
TAMPA, FL 33647 US

**FEI Number: 85-3120543**

**Certificate of Status Desired: No**

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

MAYS, STACY  
BROOKPARK DR  
TAMPA, FL 33647 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	CEO	Title	AP
Name	MAYS, STACY	Name	MORRIS, EMIAH
Address	18336 BROOKPARK DR	Address	18336 BROOKPARK DR
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

Title	AP
Name	MAYS, EMANI
Address	18336 BROOKPARK DR
City-State-Zip:	TAMPA FL 33647

*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: STACY MAYS**

**CEO/PRESIDENT**

**03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date