

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000275909

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

**Current Principal Place of Business:**

18336 BROOKPARK DR  
TAMPA, FL 33647

**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  
18336 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  
Name MAYS, STACY  
Address 18336 BROOKPARK DR  
City-State-Zip: TAMPA FL 33647

Title AP  
Name MORRIS, EMIAH  
Address 18336 BROOKPARK DR  
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

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date