

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000371913

**Entity Name:** CARING TECHNICIANS LLC

**Current Principal Place of Business:**

1416 23RD AVE E  
TAMPA, FL 34208

**Current Mailing Address:**

1416 23RD AVE E  
TAMPA, FL 34208

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, JOYCE  
1416 23RD AVE E  
TAMPA, FL 34208 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 AR  
Name WILLIAMS, JOYCE  
Address 1416 23RD AVE E  
City-State-Zip: TAMPA FL 34208

*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:** JOYCE WILLIAMS

**OWNER**

**04/30/2021**

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

\_\_\_\_\_ Date