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: LISA CAMPBELL

CEO

04/05/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000373729

Entity Name: CARE LEADERSHIP CONSULTING, LLC

Current Principal Place of Business:

13650 PHOENIX DRIVE ORLANDO, FL 32828

Current Mailing Address:

13650 PHOENIX DRIVE ORLANDO, FL 32828 US

FEI Number: 87-4697621

Name and Address of Current Registered Agent:

CAMPBELL, LISA E 13650 PHOENIX DRIVE ORLANDO, FL 32828 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:	: LISA CAMPBELL			04/05/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	DIRECTOR OF OPERATIONS	
Name	CAMPBELL, LISA ELIZABETH	Name	CAMPBELL, SHERWIN EDMUN	ID
Address	2774 EAST COLONIAL DRIVE #1099	Address	2774 EAST COLONIAL DRIVE #	ŧ1099
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 05, 2024 Secretary of State 1553936007CC

Certificate of Status Desired: Yes