

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000022042

**Entity Name:** TRANSPORTING WITH CARE LLC

**Current Principal Place of Business:**

5210 LEE ST  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

5210 LEE ST  
LEHIGH ACRES, FL 33971 US

**FEI Number: 86-1837103**

**Certificate of Status Desired: No**

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

HOWARD, STACY  
5210 LEE ST  
LEHIGH ACRES, FL 33971 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:** STACY HOWARD

04/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	HOWARD, STACY	Name	WARD, KE'MAURIAN
Address	5210 LEE ST	Address	5210 LEE ST
City-State-Zip:	LEHIGH ACRES FL 33971	City-State-Zip:	LEHIGH ACRES FL 33971

*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 HOWARD

**MANAGER**

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date