

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000113129

**Entity Name:** HOPE SENIOR CARE OF TAMPA LLC

**Current Principal Place of Business:**

5802 N ARMENIA AVE  
STORE #1  
TAMPA, FL 33603

**Current Mailing Address:**

5802 N ARMENIA AVE  
STORE #1  
TAMPA, FL 33603 US

**FEI Number:** 86-2798690

**Certificate of Status Desired:** No

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

HASSANYAR, SYED  
5802 N ARMENIA AVE  
STORE #1  
TAMPA, FL 33603 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 MGR  
Name SYED, HASSANYAR  
Address 5802 N ARMENIA AVE STORE #1  
City-State-Zip: TAMPA FL 33603

Title MGR  
Name OROZCO, MARCELA  
Address 5802 N ARMENIA AVE  
STORE #1  
City-State-Zip: TAMPA FL 33603

*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:** SYED MEHDI HASSANYAR

**OWNER**

**01/17/2023**

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

\_\_\_\_\_  
Date