

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000131145

**Entity Name:** TELLYCARES, LLC

**Current Principal Place of Business:**

2350 COGAN DR SE  
PALM BAY, FL 32909

**Current Mailing Address:**

8520 SHERMAN CIRCLE NORTH  
UNIT 506  
MIRAMAR, FL 33025 US

**FEI Number:** 86-2736207

**Certificate of Status Desired:** Yes

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

WILLIAMS, SHONTELL R  
2350 COGAN DR SE  
PALM BAY, FL 32909 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            WILLIAMS, SHONTELL  
Address        2350 COGAN DR SE  
City-State-Zip: PALM BAY FL 32909

*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:** SHONTELL WILLIAMS

CEO

03/16/2023

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

\_\_\_\_\_ Date