

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000192024

**Entity Name:** ROYALTY SPECIALTY CARE "LLC"

**Current Principal Place of Business:**

2480 NORTH STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

2113 NW 49 AVE  
COCONUT CREEK, FL 33063 US

**FEI Number:** 87-1244407

**Certificate of Status Desired:** No

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

FILS-AIME, ROSE  
2113 NW 49 AVE  
COCONUT CREEK, FL 33063 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            AMBR  
Name            FILS-AIME, ROSE  
Address        2113 NW 49 AVE  
City-State-Zip: COCONUT CREEK FL 33063

*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:** ROSE FILS-AIME

**APRN**

**04/23/2024**

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

\_\_\_\_\_  
Date