

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000201259

**Entity Name:** CARE CAP PLUS, LLC

**Current Principal Place of Business:**

822 N. A1A HIGHWAY  
SUITE 310  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

208 HARRISTOWN RD  
SUITE 101  
GLEN ROCK, NJ 07452 US

**FEI Number:** 82-5506173

**Certificate of Status Desired:** Yes

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

GIORDANO, ELIZABETH  
822 N. A1A HIGHWAY  
SUITE 310  
PONTE VEDRA BEACH, FL 32082 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 GIORDANO, ELIZABETH  
Address 822 N. A1A HIGHWAY  
City-State-Zip: SUITE 310 FL 32082

Title MGR  
Name GIORDANO, JAMES  
Address 822 N. A1A HIGHWAY  
City-State-Zip: SUITE 310 FL 32082

Title MGR  
Name RABINOVICI, STEVEN  
Address 822 N. A1A HIGHWAY  
City-State-Zip: SUITE 310 FL 32082

*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:** GIORDANO, ELIZABETH

COO

01/05/2023

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

\_\_\_\_\_  
Date