

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000288101

Entity Name: CENTRAL CARE INSURANCE LLC

Current Principal Place of Business:

3415 PERCHING RD
ST CLOUD, FL 34772

Current Mailing Address:

3415 PERCHING RD
ST CLOUD, FL 34772 US

FEI Number: 87-1334494

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASTRILLO, ALI
3415 PERCHING RD
ST CLOUD, FL 34772 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 OWNER
Name CASTRILLO, ALI
Address 3415 PERCHING RD
City-State-Zip: ST CLOUD FL 34772

Title OWNER
Name NUNEZ, KARINA
Address 3415 PERCHING RD
City-State-Zip: ST CLOUD FL 34772

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: ALI D CASTRILLO

OWNER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date