

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000307999

**Entity Name:** ORMELIA PRIVATE CARE LLC

**Current Principal Place of Business:**

2311 SE MELALEUCA BLVD  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

2311 SE MELALEUCA BLVD  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 87-2199170

**Certificate of Status Desired:** No

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

ORMELIA, GEORGES  
2311 SE MELALEUCA BLVD  
PORT SAINT LUCIE, FL 34952 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 AP  
Name GEORGES, ORMELIA  
Address 2311 SE MELALEUCA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** GEORGES,ORMELIA

AP

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date