

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000347619

Entity Name: PURPOSE OF CARE LLC

Current Principal Place of Business:

1 ALHAMBRA PLAZA
PH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

1 ALHAMBRA PLAZA
PH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 86-3183579

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRACHAN, ALVA
3498 FRANKLIN AVE
MIAMI, FL 33133 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	STRACHAN, ALVA
Address	1 ALHAMBRA PLAZA PH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

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: ALVA STRACHAN

MANAGER

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date