

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000371037

Entity Name: FLORIDA MK CARE LLC

Current Principal Place of Business:

17554 SW 149TH PL
MIAMI, FL 33187

Current Mailing Address:

17554 SW 149TH PL
MIAMI, FL 33187 US

FEI Number: 87-2290241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, MARISELA
17554 SW 149TH PL
MIAMI, FL 33187 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 SILVA, MARISELA
Address 17554 SW 149TH PL
City-State-Zip: MIAMI FL 33187

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: MARISELA SILVA

PRESIDENT

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date