

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000453709

**Entity Name:** A&A CARE SERVICES, LLC

**Current Principal Place of Business:**

1732 SPLIT FORK DRIVE  
OLDSMAR, FL 34677

**Current Mailing Address:**

1732 SPLIT FORK DRIVE  
OLDSMAR, FL 34677

**FEI Number:** 87-3405385

**Certificate of Status Desired:** Yes

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

MATURAN, RAMON ANGELO  
1732 SPLIT FORK DRIVE  
OLDSMAR, FL 34677 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 MATURAN, ADELA  
Address 1732 SPLIT FORK DRIVE  
City-State-Zip: OLDSMAR FL 34677

*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:** ADELA MATURAN

MANAGER

09/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date