

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000509968

**Entity Name:** VAZCARE, PLLC

**Current Principal Place of Business:**

19105 N US HIGHWAY 41,  
STE 300  
LUTZ, FL 33549

**Current Mailing Address:**

19105 N US HIGHWAY 41,  
STE 300  
LUTZ, FL 33549 US

**FEI Number:** 87-3831629

**Certificate of Status Desired:** No

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

VAZQUEZ, YARED  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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:** YARED VAZQUEZ

03/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name VAZQUEZ, YARED  
Address 19105 N US HIGHWAY 41, STE 300  
City-State-Zip: LUTZ FL 33549

*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:** YARED VAZQUEZ

**OWNER**

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date