

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534696

**Entity Name:** COMPUTER CRITICAL CARE, LLC

**Current Principal Place of Business:**

2319 LAS CASITAS DR.  
WELLINGTON, FL 33414

**Current Mailing Address:**

2319 LAS CASITAS DR.  
WELLINGTON, FL 33414

**FEI Number: 13-4350340**

**Certificate of Status Desired:** No

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

LARSEN, LARS  
2319 LAS CASITAS DR.  
WELLINGTON, FL 33414 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           MANAGER  
Name           LARS, LARSEN  
Address        2319 LAS CASITAS DR.  
City-State-Zip: WELLINGTON FL 33414

*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: LARS LARSEN**

**MANAGER**

**01/06/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date