

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000113035

**Entity Name:** AMB PROPERTY CARE LLC

**Current Principal Place of Business:**

1146 CHAGRIN LN  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

1146 CHAGRIN LN  
PORT CHARLOTTE, FL 33953 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AMBRUS, ZOLTAN  
1146 CHAGRIN LN  
PORT CHARLOTTE, FL 33953 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 AMBRUS, ZOLTAN  
Address 1146 CHAGRIN LN  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** ZOLTAN AMBRUS

MGR

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date