

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000297388

Entity Name: CARE PATIENTS OF THE FLORIDA LLC

Current Principal Place of Business:

10420 NW 74 ST
APT 207
MIAMI, FL 33178

Current Mailing Address:

10420 NW 74 ST
APT 207
MIAMI, FL 33178 US

FEI Number: 88-3110870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ELIZABETH
10420 NW 74 ST
APT 207
MIAMI, FL 33178 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: GARCIA ELIZABETH

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GARCIA, ELIZABETH
Address 10420 NW 74 ST
City-State-Zip: MIAMI FL 33178

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: GARCIA ELIZABETH

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date