

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000415104

Entity Name: STC OPTIMAL CARE LLC

Current Principal Place of Business:

2424 NW 73RD AVE
SUNRISE, FL 33313

Current Mailing Address:

2424 NW 73RD AVE
SUNRISE, FL 33313 US

FEI Number: 92-0274616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMERS, CYNTHIA
2424 NW 73RD AVE
SUNRISE, FL 33313 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 SOMERS, CYNTHIA
Address 2424 NW 73RD AVE
City-State-Zip: SUNRISE FL 33313

Title MGR
Name HARRIS, SHARON
Address 2424 NW 73RD AVE
City-State-Zip: SUNRISE FL 33313

Title MGR
Name HARRIS, EVERALD
Address 2424 NW 73 AVE
City-State-Zip: SUNRISE FL 33313

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: CYNTHIA SOMERS

MANAGER

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date