

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000169841

Entity Name: HAVEN ADULT DAY CARE 2, LLC

Current Principal Place of Business:

8859 NW 181 ST
HIALEAH, FL 33018

Current Mailing Address:

8859 NW 181 ST
HIALEAH, FL 33018

FEI Number: 92-3485511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, RAMON N
8859 NW 181 ST
HIALEAH, FL 33018 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 P
Name LOPEZ, RAMON N
Address 8859 NW 181 ST
City-State-Zip: HIALEAH FL 33018

Title VP
Name BARRIOS, MARENA
Address 8859 NW 181 ST
City-State-Zip: HIALEAH FL 33018

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: RAMON LOPEZ

PRESIDENT

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date