

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000232256

**Entity Name:** INNOVACARE, LLC

**Current Principal Place of Business:**

4951 E ADAMO DR  
SUITE B 234  
TAMPA, FL 33605

**Current Mailing Address:**

4951 E ADAMO DR  
SUITE B 234  
TAMPA, FL 33605 US

**FEI Number:** 92-3959419

**Certificate of Status Desired:** No

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

MARCANO CASTILLO, SORAYA  
10937 RUSTIC TIMBER LOOP  
SAN ANTONIO, FL 33576 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	Title	AMBR
Name	THE INNOVACARE, LLC IRREVOCABLE TRUST	Name	THE INNOVACARE, LLC IRREVOCABLE TRUST
Address	4951 E ADAMO DR SUITE B 234	Address	4951 E ADAMO DR SUITE B 234
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605

*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:** SORAYA MARCANO CASTILLO

RA

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date