

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000313099

Entity Name: PROACTIVE CARE, LLC

Current Principal Place of Business:

6252 COMMERCIAL WAY
#1042
WEEKI WACHEE, FL 34613

Current Mailing Address:

6252 COMMERCIAL WAY
#1042
WEEKI WACHEE, FL 34613 US

FEI Number: 93-2208587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTAQUE, ANGELA
5347 KIRKSHIRE LN
SPRING HILL, FL 34609 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	CEO	Title	AUTHORIZED REPRESENTATIVE
Name	MONTAQUE, ANGELA	Name	MONTAQUE, WESTON
Address	5347 KIRKSHIRE LN	Address	5347 KIRKSHIRE LN
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

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: ANGELA MONTAQUE

CEO

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date