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: SALMA BOUERI

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000481148

Entity Name: D&S HEAVENLY CARE TRANSPORT LLC

Current Principal Place of Business:

5429 UNIVERSITY PKWY #1073 UNIVERSITY PARK, FL 34201

Current Mailing Address:

5429 UNIVERSITY PKWY #1073 UNIVERSITY PARK. FL 34201 US

FEI Number: 93-3804547

Name and Address of Current Registered Agent:

BOUERI, SALMA 14245 17TH CT E PARRISH, FL 34219 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:

Authorized Person(s) Detail :

Title	AR	Title	AR
Name	BOUERI, SALMA	Name	CAMPO, DONALDO A SR
Address	14245 17TH CT E	Address	14245 17TH CT E
City-State-Zip:	PARRISH FL 34219	City-State-Zip:	PARRISH FL 34219

Electronic Signature of Registered Agent

04/02/2024

REGISTERED AGENT

Date

FILED Apr 02, 2024 Secretary of State 3888011389CC

Certificate of Status Desired: Yes

Date