## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000505895

Entity Name: ASK CARE LLC

## **Current Principal Place of Business:**

8675 FENTON ST. SUITE 130 ORLANDO, FL 32836

# **Current Mailing Address:**

9120 BALMORAL MEWS SQ WINDERMERE, FL 34786 US

# FEI Number: 93-4284294

## Name and Address of Current Registered Agent:

BHATT, AZAD V 9120 BALMORAL MEWS SQ WINDERMERE, FL 34786 US FILED Feb 15, 2024 Secretary of State 1356008088CC

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BHATT, AZAD V	Name	BHATT, KHYATI A
Address	9120 BALMORAL MEWS SQ	Address	9120 BALMORAL MEWS SQ
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786
Title	AMBR		
Name	WEBER, SHANE		
Address	11800 GLASS HOUSE LANE, APT.1406		
City-State-Zip:	ORLANDO FL 32836		

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: AZAD BHATT	MANAGER
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02/15/2024 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail