

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000000459

**Entity Name:** ICARE.COM LLC

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E. LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 45-4186878

**Certificate of Status Desired:** No

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

ALBERT, LOUISE  
401 E. LAS OLAS BLVD.  
SUITE 1400  
FORT LAUDERDALE, FL 33301 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 MGRM  
Name RILEY, JAMES B  
Address 401 E. LAS OLAS BLVD.  
SUITE 1400  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JAMES RILEY

**MANAGER**

**02/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date