

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000010418

Entity Name: FRIENDS WHO CARE FL LLC

Current Principal Place of Business:

20 HOSPITAL DRIVE SUITE #2
TOMS RIVER, NJ 08755

Current Mailing Address:

20 HOSPITAL DRIVE SUITE #2
TOMS RIVER, NJ 08755 US

FEI Number: 82-3277197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REMORCA, CAROLINA
2130 EDELWEISS LOOP
TRINITY, FL 34655 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 AP
Name YASON, LEO
Address 6034 MARSH TRAIL DRIVE
City-State-Zip: ODESSA FL 33556

Title AP
Name VASQUEZ, ALBERTO
Address 304 1ST AVE. S TIERRA
City-State-Zip: VERDE FL 33715

Title AP
Name VASQUEZ, BLESILA
Address 304 1ST AVE. S TIERRA
City-State-Zip: VERDE FL 33715

Title AP
Name FERNANDO, CHONA
Address 15 MAYER PLACE
City-State-Zip: LANCASTER PA 17601

Title AP
Name DE LA CRUZ, MANUEL
Address 28176 GREENWOOD WAY
City-State-Zip: TRACY CA 95304

Title SECRETARY
Name REMORCA, CAROLINA DR.
Address 2130 EDELWEISS LOOP
City-State-Zip: TRINITY FL 34655

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: CAROLINA REMORCA

DR.

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date