

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087491

**Entity Name:** CARING ANGELS, LLC

**Current Principal Place of Business:**

1707 ORLANDO CENTRAL PARKWAY,  
SUITE 450  
ORLANDO, FL 32809

**Current Mailing Address:**

1707 ORLANDO CENTRAL PARKWAY,  
SUITE 450  
ORLANDO, FL 32809 US

**FEI Number:** 20-5500586

**Certificate of Status Desired:** No

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

COCHRAN, GARY JAMES  
3161 57TH AVENUE CIR E  
BRADENTON, FL 34203-5332 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:** GARY COCHRAN

02/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Title           | MGRM                                       | Title           | MGRM                                       |
| Name            | COCHRAN, GARY J                            | Name            | COCHRAN, JENNEFER R                        |
| Address         | 1707 ORLANDO CENTRAL PARKWAY,<br>SUITE 450 | Address         | 1707 ORLANDO CENTRAL PARKWAY,<br>SUITE 450 |
| City-State-Zip: | ORLANDO FL 32809                           | City-State-Zip: | ORLANDO FL 32809                           |

*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:** GARY COCHRAN

PRESIDENT

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date