

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075577

**Entity Name:** ATLAS CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

1009 FLYING M CT.  
EDGEWATER, FL 32132

**Current Mailing Address:**

1009 FLYING M CT.  
EDGEWATER, FL 32132 US

**FEI Number:** 75-3248391

**Certificate of Status Desired:** No

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

HAAS ALIEV, DORIS  
1009 FLYING M CT.  
EDGEWATER, FL 32132 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 HAAS ALIEV, DORIS  
Address 1009 FLYING M CT  
City-State-Zip: EDGEWATER FL 32132

Title MGRM  
Name ALIEV, BULENT  
Address 1009 FLYING M CT.  
City-State-Zip: EDGEWATER FL 32132

*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:** DORIS HAAS ALIEV

**PRES**

**01/19/2018**

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

\_\_\_\_\_  
Date