

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057403

**Entity Name:** AR CUSTOMER CARE, LLC

**Current Principal Place of Business:**

13922 58TH STREET NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

13922 58TH STREET NORTH  
CLEARWATER, FL 33760

**FEI Number:** 26-3599465

**Certificate of Status Desired:** No

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

GASTON, KATHLEEN P  
13922 58TH STREET NORTH  
CLEARWATER, FL 33760 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:** KATHLEEN P GASTON

02/25/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AR FRANCHISING, INC.  
Address 13922 58TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33760

*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:** KATHLEEN P GASTON

**SECRETARY**

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date