

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127392

**Entity Name:** TOTAL CARE CENTER , LLC

**Current Principal Place of Business:**

610 NE 12TH AVE  
UNIT 401  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

610 NE 12TH AVE  
UNIT 401  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 36-4713837

**Certificate of Status Desired:** No

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

KLYUCHKO, NATALYA  
610 NE 12TH AVE  
UNIT 401  
HALLANDALE BEACH, FL 33009 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 KLYUCHKO, NATALYA  
Address 610 NE 12TH AVE  
UNIT 401  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** NATALYA KLYUCHKO

MGRM

03/14/2025

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

\_\_\_\_\_  
Date