

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127392

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

**Current Principal Place of Business:**

2030 S OCEAN DRIVE  
UNIT 1810  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2030 S OCEAN DR  
UNIT 1810  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 36-4713837

**Certificate of Status Desired:** No

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

KLYUCHKO, NATALYA  
2030 S OCEAN DR  
UNIT 1810  
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 2030 S OCEAN DR  
UNIT 1810  
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

**PRESIDENT**

**02/15/2017**

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

\_\_\_\_\_  
Date