## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127392

Entity Name: TOTAL CARE CENTER, LLC

**Current Principal Place of Business:** 

252 THREE ISLANDS BLVD STE 206 HALLANDALE BEACH, FL 33009

**Current Mailing Address:** 

252 THREE ISLANDS BLVD STE 206 HALLANDALE BEACH, FL 33009 US

FEI Number: 36-4713837 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLYUCHKO, NATALYA 252 THREE ISLANDS BLVD STE 206 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

FILED Feb 20, 2015

**Secretary of State** 

CC3411175228

## Authorized Person(s) Detail:

Title MGRM

Name KLYUCHKO, NATALYA
Address 252 THREE ISLANDS BLVD

STE 206

City-State-Zip: HALLANDALE BEACH FL 33009

SIGNATURE: NATALYA KLYUCHKO

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.

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

02/20/2015

Date