

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000139357

**Entity Name:** FAMILY LIFE CARE SERVICES LLC

**Current Principal Place of Business:**

17680 NW 78 AVE  
UNIT # 105  
HIALEAH, FL 33015

**Current Mailing Address:**

17680 NW 78 AVE  
UNIT # 105  
HIALEAH, FL 33015 US

**FEI Number:** 46-1297314

**Certificate of Status Desired:** No

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

TORO, DERICK  
4150 SW 141 AVE  
MIRAMAR, FL 33027 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            PRESIDENT  
Name            TORO, DERICK  
Address        4150 SW 141 AVE  
City-State-Zip: MIRAMAR FL 33027

Title            MANAGER  
Name            ROQUE, EVELYN EUFEMIA  
Address        17680 NW 78 AVE  
                  UNIT # 105  
City-State-Zip: HIALEAH FL 33015

*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:** DERICK TORO

**PRESIDENT**

**02/10/2020**

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

\_\_\_\_\_  
Date