## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000073744

Entity Name: ANGELS WHO CARE LLC

**Current Principal Place of Business:** 

677 N WASHINGTON BLVD SARASOTA, FL 34236

**Current Mailing Address:** 

677 N WASHINGTON BLVD SARASOTA, FL 34236 US

FEI Number: 46-2809675 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARR, JOSEPHINE 677 N WASHINGTON BLVD SARASOTA, FL 34236 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 05, 2019

**Secretary of State** 

4016197839CC

Authorized Person(s) Detail:

Title MBR Title

CARR, JOSEPHINE Name CARR, ALAN Name

677 N WASHINGTON BLVD Address 677 N WASHINGTON BLVD Address

City-State-Zip: SARASOTA FL 34236 SARASOTA FL 34236 City-State-Zip:

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** 

Name CARR, SINEAD CARR, DARAGH ANTHONY Name Address 7415 61ST ST E Address 4726 W IDAHO ST

PALMETTO FL 34221 City-State-Zip: City-State-Zip: TAMPA FL 33616

Title **AUTHORIZED MEMBER** 

Name CARR. AOIFE

7863 TUSCANY WOODS DR Address

TAMPA FL 33647 City-State-Zip:

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: JOSEPHINE CARR

Electronic Signature of Signing Authorized Person(s) Detail

DIRECTOR

AMBR

02/05/2019

Date