

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000000142

**Entity Name:** M CARE LLC.

**Current Principal Place of Business:**

4226 TRUMPWORTH CT.  
VALRICO, FL 33596

**Current Mailing Address:**

4226 TRUMPWORTH CT.  
VALRICO, FL 33596

**FEI Number:** 46-5273805

**Certificate of Status Desired:** No

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

OLULADE, MODUPE A  
4226 TRUMPWORTH CT.  
VALRICO, FL 33596 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:** MODUPE A OLULADE

04/13/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OLULADE, MODUPE  
Address 4226 TRUMPWORTH CT.  
City-State-Zip: VALRICO FL 33596

*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:** MODUPE OLULADE

MGR

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date