

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000030501

Entity Name: CAREVANTAGE 4445 LLC

Current Principal Place of Business:

4445 WEST 16TH AVENUE
SUITE 200
MIAMI, FL 33012

Current Mailing Address:

4445 WEST 16TH AVENUE
SUITE 200
HIALEAH, FL 33012 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATZNER, GARY
2800 PONCE DE LEON BLVD
SUITE 1100
CORAL GABLES, FL 33134 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 MGR
Name LAMADRID, ALBERTO
Address 4445 WEST 16TH AVENUE
SUITE 200
City-State-Zip: HIALEAH FL 33012

Title MGR
Name CERVERA LAMADRID, ALICIA E
Address 4445 WEST 16TH AVENUE
SUITE 200
City-State-Zip: HIALEAH FL 33012

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: ALBERTO LAMADRID

MANAGER

06/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date