

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115775

**Entity Name:** TOSCANA ISLE DAY CARE CENTER LLC

**Current Principal Place of Business:**

16901 COLLINS AVENUE # 1601  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16901 COLLINS AVENUE # 1601  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 47-1717310

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICEKLL AVE. SUITE 400  
MIAMI, FL 33131 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 SANDOVAL, JACQUES  
Address 16901 COLLINS AVENUE # 1601  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SANDOVAL , JACQUES

MGR

04/23/2021

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

\_\_\_\_\_  
Date