

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000117775

**Entity Name:** "CARMEN CARE SERVICE LLC "

**Current Principal Place of Business:**

492 B ST  
CASSELBERRY, FL 32707

**Current Mailing Address:**

492 B ST  
CASSELBERRY, FL 32707 US

**FEI Number:** 47-1440698

**Certificate of Status Desired:** No

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

MORA, CARMEN M  
492 B ST  
CASSELBERRY, FL 32707 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	OWNER	Title	SECRETARY
Name	CARMEN , MORA MARIA	Name	TORIBIO , YESENIA MIGUELINA
Address	492 B ST	Address	2883 PAYNES PREIRIE CIRCLE
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	KISSIMMEE FL 34743

*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:** CARMEN MORA

**PRESIDENT**

**06/15/2020**

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

\_\_\_\_\_  
Date