## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000188860

Entity Name: YOUR CARE HELP LLC

**Current Principal Place of Business:** 

7219 NW 43 ST MIAMI. FL 33166

**Current Mailing Address:** 

7219 NW 43 ST MIAMI, FL 33166

FEI Number: 47-3439849 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLEGAS, JORGE EDWIN 7219 NW 43 ST MIAMI, FL 33166 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: JORGE E VILLEGAS 03/17/2015

Electronic Signature of Registered Agent

Date

FILED Mar 17, 2015

**Secretary of State** 

CC4440809529

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameTUIRAN, MARTINNameVILLEGAS, JORGEAddress9415 FOUNTAINBLEAU BLVD APT 210Address7848 NW 116 PL

City-State-Zip: MIAMI FL 33178

Title MGRM

 Name
 MOIO, FERNANDO
 Name
 QUINTERO, JORGE

 Address
 6520 NW 114 AVE APT 1603
 Address
 13334 SW 128 PATH

 City-State-Zip:
 MIAMI FL 33186

City-State-Zip: MIAMI FL 33178

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: JORGE QUINTERO MGRM

Electronic Signature of Signing Authorized Person(s) Detail

И 03/17/2015

Date