

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213541

**Entity Name:** CARE EQUIPMENT & SUPPLIES LLC

**Current Principal Place of Business:**

17366 SIERRA PLACE  
WEEKI WACHEE, FL 34614

**Current Mailing Address:**

17366 SIERRA PLACE  
WEEKI WACHEE, FL 34614 US

**FEI Number:** 81-0964565

**Certificate of Status Desired:** No

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

MOSCHINGER, HANS P  
17366 SIERRA PLACE  
WEEKI WACHEE, FL 34614 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:** HANS P MOSCHINGER

03/06/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MOSCHINGER, HANS P  
Address 17366 SIERRA PLACE  
City-State-Zip: WEEKI WACHEE FL 34614

Title AMBR  
Name MOSCHINGER, ROSMARIE  
Address 17366 SIERRA PLACE  
City-State-Zip: WEEKI WACHEE FL 34614

*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:** ROSMARIE MOSCHINGER

03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date