

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047908

**Entity Name:** AMBITIOUS CARE SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

1023 S HIAWASSEE ROAD  
4016  
ORLANDO, FL 32835

**FILED**  
**Aug 22, 2018**  
**Secretary of State**  
**CC9533179426**

**Current Mailing Address:**

505 CALLA PLACE  
POLK CITY, FL 33868 US

**FEI Number: 81-1827106**

**Certificate of Status Desired: No**

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

MCGILL, MIRIAM A  
505 CALLA PLACE  
POLK CITY, FL 33868 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            AMBR  
Name            MCGILL, MIRIAM  
Address        505 CALLA PLACE  
City-State-Zip: POLK CITY FL 33868

*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: MIRIAM MCGILL**

**OWNER**

**08/22/2018**

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

\_\_\_\_\_  
Date