

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000086830

**Entity Name:** TRUE COLORS AFTERCARE LLC

**Current Principal Place of Business:**

5250 SW 117TH TERRACE  
COOPER CITY, FL 33330

**Current Mailing Address:**

5250 SW 117TH TERRACE  
COOPER CITY, FL 33330 US

**FEI Number:** 81-2487956

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, ALEX  
5250 SW 117 TERRACE  
COOPER CITY, FL 33330 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 MGRM  
Name RODRIGUEZ, ALEX  
Address 5250 SW 117 TERRACE  
City-State-Zip: COOPER CITY FL 33330

Title MGRM  
Name RODRIGUEZ, CRISTINA  
Address 5250 SW 117 TERRACE  
City-State-Zip: COOPER CITY FL 33330

*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:** ALEX RODRIGUEZ

**MANAGER**

**04/05/2017**

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

\_\_\_\_\_  
Date