

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184572

**Entity Name:** CDS CARE & SUPPORT LLC

**Current Principal Place of Business:**

2726 OAK RIDGE #502  
FORT MYERS, FL 33901

**Current Mailing Address:**

2726 OAK RIDGE #502  
FORT MYERS, FL 33901 US

**FEI Number:** 81-4049610

**Certificate of Status Desired:** No

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

CHAVEZ, MANUEL  
514 SW 21ST LN  
CAPE CORAL, FL 33991 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	MGR	Title	AMBR
Name	CHAVEZ, MANUEL	Name	DEL SALTO, WENDY
Address	514 SW 21ST LN	Address	514 SW 21ST LN
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991

*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: MANUEL CHAVEZ**

**CEO**

**01/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date