

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000223224

**Entity Name:** CARL CASIMIR LPN, LLC

**Current Principal Place of Business:**

14401 SW 99 AVE  
MIAMI, FL 33176

**Current Mailing Address:**

PO BOX 560947  
MIAMI, FL 33256

**FEI Number:** 81-4023525

**Certificate of Status Desired:** No

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

CASIMIR, CARL H JR  
14401 SW 99TH AVE  
MIAMI, FL 33176 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            PRES  
Name            CASIMIR, CARL H JR  
Address        14401 SW 99TH AVE  
City-State-Zip: MIAMI FL 33176

*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:** CARL H CASIMIR JR

**PRESIDENT**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date