

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000009193

**Entity Name:** COMMUNITY EXPERT CARE, LLC

**Current Principal Place of Business:**

9681 SILLS DR  
APT 104  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

9681 SILLS DR  
APT 104  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 81-4998359

**Certificate of Status Desired:** No

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

MERINO, SOFIA  
9681 SILLS DR  
APT 104  
BOYNTON BEACH, FL 33437 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  
Name MERINO, SOFIA  
Address 9681 SILLS DR  
APT 104  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name GIRALDO, CLAUDIA  
Address 6711 LAKE ISLAND DRIVE  
City-State-Zip: LAKE WORTH FL 33467

*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:** SOFIA MERINO

MGR

03/24/2021

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

\_\_\_\_\_  
Date