

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000056160

**Entity Name:** A GOOD CARE, LLC.

**Current Principal Place of Business:**

3727 FAWN Mist DR.  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

PO BOX 7458  
WESLEY CHAPEL, FL 33545 US

**FEI Number:** 81-5436328

**Certificate of Status Desired:** No

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

A GOOD CARE, LLC.  
3727 FAWN Mist DR.  
WESLEY CHAPEL, FL 33544 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:** VANESSA VELASQUEZ

01/10/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            VELASQUEZ, VANESSA  
Address        PO BOX 7458  
City-State-Zip: WESLEY CHAPEL FL 33545

Title            OWNER  
Name            CARR, YOLANDA  
Address        PO BOX 7458  
City-State-Zip: WESLEY CHAPEL FL 33545

*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:** VANESSA VELASQUEZ

OWNER

01/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date