

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000127172

**Entity Name:** MIAMI GERIATRICS CARE LLC

**Current Principal Place of Business:**

2870 NW 18 AVE  
APT 7D  
MIAMI, FL 33142

**Current Mailing Address:**

2870 NW 18 AVE  
APT 7D  
MIAMI, FL 33142

**FEI Number:** 82-1832881

**Certificate of Status Desired:** No

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

PIMENTEL GUERRERO, LEONID  
2870 NW 18 AVE  
APT 7D  
MIAMI, FL 33142 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            AUTHORIZED MEMBER  
Name            PIMENTEL-GUERRERO, LEONID  
Address        2870 NW 18 AVE APT 7D  
                  APT 7D  
City-State-Zip: MIAMI FL 33142

*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:** LEONID PIMENTEL-GUERRERO

**REGISTERED AGENT**

**02/13/2018**

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

\_\_\_\_\_  
Date