

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000008735

Entity Name: CHICARE TROPICAL LLC

Current Principal Place of Business:

4320 W BROWARD BLVD
SUITE 6
PLANTATION, FL 33317

Current Mailing Address:

1871 NW 42ND TERR APT E106
APT E 106
LAUDERHILL, FL 33313 US

FEI Number: 82-4008950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTAVE, CHRISTELLE
551 NW 42ND AVE
APT 712
FORT LAUDERDALE, FL 33317 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 MGRM
Name CANTAVE, CHRISTELLE E
Address 551 NW 42ND AVE
APT 712
City-State-Zip: PLANTATION FL 33317

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: CHRISTELLE CANTAVE

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date