

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000019462

**Entity Name:** EL PROPERTY CARE MIGHT, STRENGTH, AND POWER L.L.C.

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**5479555490CC**

**Current Principal Place of Business:**

1416 CALIFORNIA STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

1416 CALIFORNIA STREET  
TALLAHASSEE, FL 32304 UN

**FEI Number: 82-3967426**

**Certificate of Status Desired: Yes**

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

SMITH, DAISY MRS  
1416 CALIFORNIA STREET  
TALLAHASSEE, FL 32304 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	Title	AP
Name	RAY, EMMANUEL	Name	RAY, EMMANUEL
Address	851 CALIFORNIA STREET	Address	851 CALIFORNIA STREET
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32304

*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: EMMANUEL RAY**

**MANAGING MEMBER**

**04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date