

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000024038

**Entity Name:** S2F SERVICES ARBOR CARE, LLC

**Current Principal Place of Business:**

631 LUCERNE AVENUE  
SUITE 101  
LAKE WORTH BEACH, FL 33460

**Current Mailing Address:**

631 LUCERNE AVENUE  
SUITE 101  
LAKE WORTH BEACH, FL 33460 US

**FEI Number:** 82-1285956

**Certificate of Status Desired:** No

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

FISHER, STUART  
631 LUCERNE AVENUE  
SUITE 101  
LAKE WORTH BEACH, FL 33460 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 FISHER, STUART D  
Address 631 LUCERNE AVENUE  
SUITE 101  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title MGR  
Name GARRIDO, ODILIO L  
Address 631 LUCERNE AVENUE  
SUITE 101  
City-State-Zip: LAKE WORTH BEACH FL 33460

*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:** STUART FISHER

**PRESIDENT**

**02/25/2025**

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

\_\_\_\_\_  
Date