

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000135651

**Entity Name:** GLYCARE, LLC

**Current Principal Place of Business:**

4190 BELFORT ROAD, SUITE 352  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4190 BELFORT ROAD, SUITE 352  
JACKSONVILLE, FL 32216 US

**FEI Number: 83-0782018**

**Certificate of Status Desired: No**

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

PEEK & ASSOCIATES  
200 E. FORSYTH STREET  
JACKSONVILLE, FL 32202 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 MOONEY, KYLE P  
Address 4190 BELFORT ROAD, SUITE 352  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name SUTTON, DAVID R  
Address 4190 BELFORT ROAD, SUITE 352  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name SUTTON, CINDY R  
Address 4190 BELFORT ROAD, SUITE 352  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name EVANS, JOHN G  
Address 4190 BELFORT ROAD, SUITE 352  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name VAVERKA, CORLEENE  
Address 4190 BELFORT ROAD, SUITE 352  
City-State-Zip: JACKSONVILLE FL 32216

*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: KYLE MOONEY**

**MGR**

**01/27/2021**

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

\_\_\_\_\_  
Date