

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000165052

Entity Name: MEDCARE CONSULTING LLC

Current Principal Place of Business:

4048 EVANS AVE
FT MYERS, FL 33901

Current Mailing Address:

PO BOX 93580
LAKELAND, FL 33804

FEI Number: 20-4314876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRONEN, LJ
4048 EVANS AVE
FT MYERS, FL 33901 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	KRONEN, LJ
Address	PO BOX 93580
City-State-Zip:	LAKELAND FL 33804

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: LJ KRONEN

MEMBER

03/02/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date