

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000251537

**Entity Name:** IGNACIO NURSING CARE LLC

**Current Principal Place of Business:**

428 SE 8 STREET  
CAPE CORAL, FL 33990

**Current Mailing Address:**

428 SE 8 STREET  
CAPE CORAL, FL 33990 US

**FEI Number:** 83-2352697

**Certificate of Status Desired:** No

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

GARCIA PEREZ, LAZARO IGNACIO  
428 SE 8 STREET  
CAPE CORAL, FL 33990 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            AMBR  
Name            GARCIA PEREZ, LAZARO IGNACIO  
Address        428 SE 8 STREET  
City-State-Zip: CAPE CORAL FL 33990

*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:** LAZARO IGNACIO GARCIA PEREZ

AMBR

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date