

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000005128

**Entity Name:** IKHANIC CARE LLC

**Current Principal Place of Business:**

50 W RUBBER TREE DR  
LAKE WORTH, FL 33467

**Current Mailing Address:**

50 W RUBBER TREE DR  
LAKE WORTH, FL 33467 US

**FEI Number:** 83-3742468

**Certificate of Status Desired:** No

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

IRVIN, MARCIA  
50 W RUBBER TREE DR  
LAKE WORTH, FL 33467 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:** MARCIA ADELLE IRVIN

09/21/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name IRVIN, MARCIA ADELLE  
Address 50 W RUBBER TREE DR  
City-State-Zip: LAKE WORTH FL 33467

*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:** MARCIA ADELLE KHAN IRVIN

MGR

09/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date