

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000020485

Entity Name: SMARTCARE LLC

Current Principal Place of Business:

4188 MADISON ST.
AVE MARIA, FL 34142

Current Mailing Address:

1416 HARRISON AVE
DES MOINES, IA 50314 US

FEI Number: 83-3452650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
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	AMBR	Title	AMBR
Name	GONZALEZ, NALY	Name	GONZALEZ, HECTOR
Address	4188 MADISON ST.	Address	4188 MADISON ST.
City-State-Zip:	AVE MARIA FL 34142	City-State-Zip:	AVE MARIA FL 34142

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: NALY GONZALEZ

AMBR

03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date