

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000100629

**Entity Name:** MOHAMMED CARE LLC

**Current Principal Place of Business:**

7972 PINES BLVD #246401  
PEMBROKE PINE, FL 33024

**Current Mailing Address:**

7972 PINES BLVD #246401  
PEMBROKE PINE, FL 33024 US

**FEI Number:** 83-4511950

**Certificate of Status Desired:** No

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

AHMED, MOHAMMED  
7972 PINES BLVD #246401  
PEMBROKE PINE, FL 33024 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 AHMED, IBTISAM  
Address 931 SW 64TH PKWY  
City-State-Zip: PEMBROKE PINES FL 33023

Title MGR  
Name AHMED, MOHAMMED  
Address 931 SW 64TH PKWY  
City-State-Zip: PEMBROKE PINES FL 33023

*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:** MOHAMMED AAMIR AHMED

**OWNER**

**03/14/2024**

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

\_\_\_\_\_  
Date