

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000100629

**Entity Name:** MOHAMMED CARE LLC

**Current Principal Place of Business:**

931 SW 64TH PKWY  
PEMBROKE PINE, FL 33023

**Current Mailing Address:**

931 SW 64TH PKWY  
PEMBROKE PINE, FL 33023 US

**FEI Number:** 83-4511950

**Certificate of Status Desired:** No

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

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

**01/24/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date