

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000137927

**Entity Name:** ALL WOMEN CARE LLC

**Current Principal Place of Business:**

3122 SW 189 AVE  
MIRAMAR, FL 33029

**Current Mailing Address:**

3122 SW 189 AVE  
MIRAMAR, FL 33029 US

**FEI Number:** 84-1962847

**Certificate of Status Desired:** No

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

MIAMI TAX AND ACCOUNTING MANAGEMENT SERVIC  
18901 SW 106 AVE  
STE A 103  
MIAMI, FL 33189 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	FERNANDEZ , ELIZABETH	Name	NEW DAY WOMEN'S HEALTH CARE
Address	601 N FLAMINGO RD STE 305 STE 103	Address	601 N FLAMINGO RD STE 305 STE 103
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

*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:** ELIZABETH FERNANDEZ

MGR

12/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date