

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156995

**Entity Name:** MARCELINE HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

1975 NW 185 STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

1975 NW 185 STREET  
MIAMI GARDENS, FL 33056 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MERRINVIL, MARCELINE  
1975 NW 185 ST  
MIAMI GARDENS, FL 33056 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:** MARCELINE MERRINVIL

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MERRINVIL , MARCELINE  
Address 1975 NW 185 STREET  
City-State-Zip: MIAMI GARDENS 33056

*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:** MARCELINE MERRINVIL

MANAGER

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date