

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000160302

Entity Name: ANGELCARE WITH A VISION LLC

Current Principal Place of Business:

108 WAGNER ROAD
BONIFAY, FL 32425

Current Mailing Address:

108 WAGNER ROAD
BONIFAY, FL 32425 US

FEI Number: 81-2563556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEASOR, TAMMY L
21 RIDGEWOOD RD
QUINCY, FL 32351 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 OWNER
Name CEASOR, TAMMY
Address 21 RIDGEWOOD ROAD
City-State-Zip: BONIFAY FL 32425

Title OWNER
Name CEASOR, TAMMY
Address 108 WAGNER ROAD
City-State-Zip: BONIFAY FL 32425

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: TAMMY CEASOR

OWNER

07/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date