

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000177720

**Entity Name:** CARE TAX & IMMIGRATION SERVICES, LLC

**Current Principal Place of Business:**

3507 LEE BLVD., #246  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

3507 LEE BLVD., #246  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 84-2354726

**Certificate of Status Desired:** No

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

CAZEAU, JOSETTE CEO  
605 NW 177TH  
MIAMI , FL 33169 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            AUTHORIZED MEMBER  
Name            CAZEAU, JOSETTE AP  
Address        605 NW 177TH ST  
City-State-Zip: MIAMI FL 33169

*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:** JOSETTE CAZEAU

AP

03/18/2023

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

\_\_\_\_\_ Date