

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000230584

Entity Name: CARE RESTORATION L.L.C.

Current Principal Place of Business:

5381 SW 7TH STREET
PLANTATION, FL 33317

Current Mailing Address:

5381 SW 7TH STREET
PLANTATION, FL 33317 US

FEI Number: 84-3326957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARIC, FRANK S
5381 SW 7TH STREET
PLANTATION, FL 33317 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

Name BARIC, FRANK

Address 5381 SW 7TH STREET

City-State-Zip: PLANTATION FL 33317

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: FRANK BARIC

MGR

01/14/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date