

**2020 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

03/06/2020

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

\_\_\_\_\_ Date