

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000253817

Entity Name: INIFITY CARE LLC

Current Principal Place of Business:

7080 44TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

4550 COVE CIRCLE
508
MADEIRA BEACH, FL 33708 US

FEI Number: 84-3298584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMMANUELLI, RALPH A
1710 DREW ST SUITE 4
STE 4
CLEARWATER, FL 33755 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 ESPERAS, THERESA
Address 7080 44TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

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: THERESA ESPERAS

MANAGER

06/07/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date