

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000115111

**Entity Name:** FRANCISCA CARE LLC

**Current Principal Place of Business:**

531 SW 6CT APT 201  
MIAMI, FL 33130-2793

**Current Mailing Address:**

465 SW 16TH AVE  
APT C2  
MIAMI, FL 33135 US

**FEI Number:** 85-0854515

**Certificate of Status Desired:** No

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

PEREZ BONAFE , CARIDAD  
531 SW 6TH CT  
APT 201  
MIAMI, FL 33130 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:** CARIDAD PEREZ BONAFE

02/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PEREZ BONAFE , CARIDAD  
Address 465 SW 16TH AVE  
APT C2  
City-State-Zip: MIAMI FL 33135

*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:** CARIDAD PEREZ BONAFE

OWNER

02/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date