

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000218789

**Entity Name:** NEW TRUSTING CARE LLC

**Current Principal Place of Business:**

2393 SOUTH CONGRESS AVENUE  
STE 132  
PALM SPRINGS, FL 33406

**Current Mailing Address:**

2393 SOUTH CONGRESS AVENUE  
STE 132  
PALM SPRINGS, FL 33406 US

**FEI Number:** 85-2126919

**Certificate of Status Desired:** No

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

TORRES, NANCY  
2393 S CONGRESS AVE  
STE 132  
PALM SPRINGS, FL 33406 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 TORRES, NANCY  
Address 2393 S CONGRESS AVE  
STE 132  
City-State-Zip: PALM SPRINGS FL 33406

*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:** NANCY TORRES

MANGER

01/29/2024

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

\_\_\_\_\_  
Date