## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000249491

Entity Name: CARE BEHAVIOR SERVICES,LLC

**Current Principal Place of Business:** 

8819 NW 146 LANE MIAMI LAKES. FL 33018

**Current Mailing Address:** 

8819 NW 146 LANE

MIAMI LAKES. FL 33018 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLAZO, ANAYS C 8819 NW 146 LANE MIAMI LAKES, FL 33018 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.

Title

MGR

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2024

**Secretary of State** 

9845648922CC

Authorized Person(s) Detail:

Title MGR

> Name COLLAZO, YARALED C

Name NODAR, JJUAN Address

8501 NW 138 ST #2202 8501 NW 138 ST #2202 Address City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

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: YARALED COLLAZO

**MANAGER** 

04/09/2024