## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000320921

**Entity Name: TORRES CARE SERVICES LLC** 

**Current Principal Place of Business:** 

211 WEST 79 PL APT 103 HIALEAH. FL 33014

**Current Mailing Address:** 

211 WEST 79 PL APT 103 HIALEAH. FL 33014

FEI Number: 85-3393353 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIAS TORRES, MADELAYNE 211 WEST 79 PL APT 103 HIALEAH, FL 33014 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: MADELAYNE FRIAS TORRES 01/19/2023

Electronic Signature of Registered Agent

Date

FILED Jan 19, 2023

**Secretary of State** 

7102226668CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameFRIAS TORRES, MADELAYNENameTORRES, SERVELLA MAddress211 WEST 79 PL APT 103Address211 WEST 79 PL APT 103City-State-Zip:HIALEAH FL 33014City-State-Zip:HIALEAH FL 33014

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SERVELLA M TORRES

01/19/2023

**MGR** 

Date