

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000320921

**Entity Name:** TORRES CARE SERVICES LLC

**Current Principal Place of Business:**

3940 PALM AVE  
APT # 15  
HIALEAH, FL 33012

**Current Mailing Address:**

3940 PALM AVE  
APT # 15  
HIALEAH, FL 33012 US

**FEI Number:** 85-3393353

**Certificate of Status Desired:** No

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

FRIAS TORRES, MADELAYNE  
3940 PALM AVE  
APT # 15  
HIALEAH, FL 33012 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

02/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FRIAS TORRES, MADELAYNE	Name	TORRES, SERVELLA M
Address	3940 PALM AVE APT # 15	Address	3940 PALM AVE APT # 15
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** SERVELLA M TORRES

MGR

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date