

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

01/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FRIAS TORRES, MADELAYNE	Name	TORRES, SERVELLA M
Address	211 WEST 79 PL APT 103	Address	211 WEST 79 PL APT 103
City-State-Zip:	HIALEAH FL 33014	City-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.*

**SIGNATURE:** MADELAYNE FRIAS TORRES

MGR

01/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date