# 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.

VICE PRESIDENT

SIGNATURE: CASEY EVANS

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L20000334688

#### Entity Name: PRIVATE CARE SERVICES OF PALM BEACH, LLC

# **Current Principal Place of Business:**

7374 CENTRAL INDUSTRIAL DRIVE #D RIVIERA BEACH, FL 33404

#### **Current Mailing Address:**

PO BOX 26486 TAMARAC, FL 33320 US

# FEI Number: 83-1654228

# Name and Address of Current Registered Agent:

ESQUERETE, RICHARD 2991 NW 124TH WAY SUNRISE, FL 33323 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EVANS, CASEY	Name	ESQUERETE, RICHARD
Address	2991 NW 124TH WAY	Address	2991 NW 124TH WAY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

FILED Feb 04, 2021 Secretary of State 7986989989CC

Date

Certificate of Status Desired: Yes

02/04/2021 Date