that my name appears above, or on an attachment with all other like empowered. SIGNATURE: YAW FREMPONG 04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000356428

Entity Name: WE CARE SPECIALTY TRANSPORT, LLC

Current Principal Place of Business:

17868 GOURD NECK LOOP WINTER GARDEN. AL 34787

Current Mailing Address:

13900 COUNTY ROAD 455 STE 107-339 CLERMONT, FL 34787

FEI Number: 85-3987037

Name and Address of Current Registered Agent:

FREMPONG, YAW 17868 GOURD NECK LOOP WINTER GARDEN, FL 34787 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	FREMPONG, YAW	Name	FERMIN, PAMELA
Address	17868 GOURD NECK LOOP	Address	2083 WHITE FEATHER LOOP
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	OAKLAND FL 34787

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

FILED Apr 01, 2025 Secretary of State 9344265661CC

Certificate of Status Desired: No

Date

Date