

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000014480

Entity Name: CLASSIC CARE II, LLC

Current Principal Place of Business:

1891 LAKESHORE DR
MT DORA, FL 32757

Current Mailing Address:

917 S 14TH ST
LEESBURG, FL 34748 US

FEI Number: 86-1655993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, ESQ, GARY
401 E JACKSON ST STE 3100
TAMPA, FL 33602 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

_____ Date

Authorized Person(s) Detail :

Title MGR
Name TALWAR, SUNIL
Address 1504 S STREET
City-State-Zip: LEESBURG FL 34748

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: SUNIL TALWAR

MGR

02/28/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date