

**2024 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:**

1891 LAKESHORE DRIVE  
MOUNT DORA, FL 32757 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**

**CFO**

**02/10/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date