

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000054950

**Entity Name:** FLOCARE LLC

**Current Principal Place of Business:**

3011 E ELLICOTT ST  
TAMPA, FL 33610

**Current Mailing Address:**

600 MERIDIAN STREET EXT  
1105  
GROTON, CT 06340 US

**FEI Number:** 86-2089539

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAPTIST, ALGIE  
3011 E ELLICOTT ST  
TAMPA, FL 33610 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 STAFFORD, CHASE  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

Title MGR  
Name DIXON, LAWRENCIA  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

Title MGR  
Name OWENS, DESHAYLA  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

Title MGR  
Name CAMPBELL, JORROD  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

Title AP  
Name BAPTIST, LEON  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

Title MGR  
Name STAFFORD, CHASIDY  
Address 3011 E ELLICOTT ST  
City-State-Zip: TAMPA FL 33610

*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:** LEON BAPTIST

AP

02/26/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date