

2022 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:**3011 E ELLICOTT ST
TAMPA, FL 33610 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: BAPTIST , LEON**OWNER****04/09/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date