

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000055414

Entity Name: ALWAYS CARE (AC), LLC

Current Principal Place of Business:

13992 NE 12 AVENUE
NORTH MIAMI, FL 33161

Current Mailing Address:

13992 NE 12 AVENUE
NORTH MIAMI, FL 33161 US

FEI Number: 88-1581010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, RONALD DR.
13992 NE 12TH AVE
NORTH MIAMI, FL 33161 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 ADMINISTRATOR/MANAGER
Name CHARLES, RONALD DR.
Address 13992 NE 12TH AVE
City-State-Zip: NORTH MIAMI FL 33161

Title ASSISTANT MANAGER
Name NAPOLEON, CHANTAL
Address 19553 NW 2ND AVENUE
215
City-State-Zip: MIAMI GARDENS FL 33169

Title NURSING SUPERVISOR/DIRECTOR
Name ULYSSE, LINA BELINDA
Address 13992 NE 12TH AVE
City-State-Zip: NORTH MIAMI FL 33161

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: RONALD CHARLES

ADMINISTRATOR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date