

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000101452

**Entity Name:** SETTLES IT ALL CARE LLC

**Current Principal Place of Business:**

2022 THRACE ST.  
TAMPA, FL 33605

**Current Mailing Address:**

2022 THRACE ST.  
TAMPA, FL 33605 US

**FEI Number:** 87-3077942

**Certificate of Status Desired:** No

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

SETTLES, CONNIE A.  
2022 THRACE ST.  
TAMPA, FL 33605 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:** CONNIE A SETTLES

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	SETTLES, CONNIE A	Name	HARRIS, NIGEL
Address	2022 THRACE ST.	Address	2022 THRACE ST.
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605

*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:** CONNIE SETTLES

OWNER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date