

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000128069

Entity Name: FONTAMIMAJE AUTISM CARE LLC

Current Principal Place of Business:

13935 SW 52ND TERRACE
MIAMI, FL 33175

Current Mailing Address:

13935 SW 52ND TERRACE
MIAMI, FL 33175 US

FEI Number: 86-3022674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, TAMARA
13935 SW 52ND TERRACE
MIAMI, FL 33175 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 | Title | AR |
| Name | FONSECA, LUIS | Name | RODRIGUEZ, TAMARA |
| Address | 13935 SW 52ND TERRACE | Address | 13935 SW 52ND TERRACE |
| City-State-Zip: | MIAMI FL 33175 | City-State-Zip: | MIAMI FL 33175 |

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: TAMARA RODRIGUEZ

AR

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date