## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000131827

Entity Name: RALPH PRIVATE CARE LLC

**Current Principal Place of Business:** 

2051 SE HILLMOOR DRIVE PORT SAINT LUCIE. FL 34952

**Current Mailing Address:** 

2051 SE HILLMOOR DRIVE PORT SAINT LUCIE. FL 34952 US

FEI Number: 89-2746581 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, RALPH G 2051 SE HILLMOOR DRIVE PORT SAINT LUCIE, FL 34952 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

**FILED** Apr 09, 2025

**Secretary of State** 

8267957456CC

## Authorized Person(s) Detail:

Title MGR

Name CHARLES, RALPH G

SIGNATURE: RALPH CHARLES

Address 2051 SE HILLMOOR DRIVE

City-State-Zip: PORT SAINT LUCIE FL 34952

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/09/2025 Date