

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000186482

**Entity Name:** EVELYN LOVERA CARE CONSULTING LLC

**Current Principal Place of Business:**

2100 SOUTH OCEAN LANE  
APT 301  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2100 SOUTH OCEAN LANE  
APT 301  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOVERA, EVELYN  
2100 SOUTH OCEAN LANE  
APT 301  
FORT LAUDERDALE, FL 33316 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            PRES  
Name            LOVERA, EVELYN  
Address        2100 SOUTH OCEAN LANE  
                  APT 301  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** EVELYN LOVERA

**PRESIDENT**

**09/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date