**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 09, 2022**
**Secretary of State**
**9070257521CC**

DOCUMENT# L21000323222

**Entity Name:** RAISA ABA CARE LLC

**Current Principal Place of Business:**

251 E 60 ST
HIALEAH, FL 33013

**Current Mailing Address:**

251 E 60 ST
HIALEAH, FL 33013 US

**FEI Number: 87-1481043**

**Certificate of Status Desired:** No

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

LEON PINO, RAISA
251 E 60 ST
HIALEAH, FL 33013 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 |
| Name | LEON PINO, RAISA |
| Address | 251 E 60 ST |
| City-State-Zip: | HIALEAH FL 33013 |

*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: RAISA LEON PINO MRG 03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date