

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000358414

**Entity Name:** ALTRUISTIC CARE WITH LOVE, LLC

**Current Principal Place of Business:**

6985 SE 108TH STREET  
BELLEVIEW, FL 34420

**Current Mailing Address:**

6985 SE 108TH STREET  
BELLEVIEW, FL 34420

**FEI Number:** 87-2081293

**Certificate of Status Desired:** No

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

LIDDIE, SHEKERU K  
6985 SE 108TH STREET  
BELLEVIEW, FL 34420 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 MANGER  
Name LIDDIE , SHEKERU KENYA  
Address 6985 SE 108TH STREET  
City-State-Zip: BELLEVIEW FL 34420

*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:** SHEKERU LIDDIE

CEO

04/30/2022

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

\_\_\_\_\_  
Date