

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000481408

**Entity Name:** AMBROISE CARES LLC

**Current Principal Place of Business:**

902 20TH ST  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

902 20TH ST  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 87-3566094

**Certificate of Status Desired:** No

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

AMBROISE, MICHEL  
902 20TH ST  
WEST PALM BEACH, FL 33407 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 AMBR  
Name AMBROISE, MICHEL  
Address 902 20TH ST  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name VENETTE, NELSON  
Address 550 NW 82ND CT  
384  
City-State-Zip: MIAMI FL 33126

*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:** MICHEL AMBROISE

AMBR

04/18/2022

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

\_\_\_\_\_  
Date