

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000021322

**Entity Name:** ILIANY TOTAL CARE LLC

**Current Principal Place of Business:**

11697 NW 2ND ST  
103  
MIAMI, FL 33172

**Current Mailing Address:**

11697 NW 2ND ST  
103  
MIAMI, FL 33172 US

**FEI Number:** 87-4602413

**Certificate of Status Desired:** No

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

BORROTO ROMERO, ILIANY  
11697 NW 2ND ST  
103  
MIAMI, FL 33172 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 BORROTO ROMERO, ILIANY  
Address 11697 NW 2ND ST APT 103  
103  
City-State-Zip: MIAMI FL 33172

*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:** ILIANY BORROTO ROMERO

AMBR

03/30/2024

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

\_\_\_\_\_  
Date