

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000108356

Entity Name: MOBILITY CARE LLC

Current Principal Place of Business:

9817 NW 45TH LN
DORAL, FL 33178

Current Mailing Address:

9817 NW 45TH LN
DORAL, FL 33178

FEI Number: 88-0978552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAUJO, IVANNA E
9817 NW 45TH LN
DORAL, FL 33178 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 ARAUJO, IVANNA E
Address 9817 NW 45TH LN
City-State-Zip: DORAL FL 33178

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: IVANNA E ARAUJO

AMBR

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date