#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000114966

Entity Name: YSABEL CARE LLC

Feb 07, 2024 **Secretary of State** 6315758365CC

**FILED** 

### **Current Principal Place of Business:**

493 CATALINA AVENUE PALM BAY, FL 32907

### **Current Mailing Address:**

**493 CATALINA AVENUE** PALM BAY, FL 32907

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

VIERA, YSABEL 493 CATALINA AVENUE PALM BAY, FL 32907 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:

Name

Address

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR

VIERA, YSABEL

**493 CATALINA AVENUE** 

City-State-Zip: PALM BAY FL 32907

Title Name

Address

PORTER, MEILI

ΑP

City-State-Zip:

620 CECELIA AVENUE PALM BAY FL 32909

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.