

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000184185

Entity Name: CONSEQUOCARE LLC**Current Principal Place of Business:**3488 FOXTON CT
OVIDO, FL 32765**Current Mailing Address:**3488 FOXTON CT
OVIDO, FL 32765 US**FEI Number:** 88-2170759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEPIN, GLADYS M
3488 FOXTON CT
OVIDO, FL 32765 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 PEPIN, GLADYS M
Address 3488 FOXTON CT
City-State-Zip: OVIDO FL 32765

Title AMBR
Name JIMENEZ BAEZ, ANTONIO G
Address 3488 FOXTON CT
City-State-Zip: OVIDO FL 32765

Title MBR
Name GABIS, EDWARD N
Address 4250 ALAFAYA TRL SUITE 212 BOX
301
City-State-Zip: OVIDO FL 32765

Title MBR
Name GABIS, MARTA I
Address 4250 ALAFAYA TRL SUITE 212 BOX
301
City-State-Zip: OVIDO FL 32765

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: ANTONIO G JIMENEZ BAEZ**AUTHORIZED MEMBER****03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date