

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000204389

**Entity Name:** WICARE LLC

**Current Principal Place of Business:**

9115 W COMMERCIAL BLVD , APT 202  
SUNRISE, FL 33351

**Current Mailing Address:**

25 NE 5TH ST  
UNIT 1922  
MIAMI , FL 33132 US

**FEI Number:** 38-4228880

**Certificate of Status Desired:** No

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

STERLING, AUNDRE  
7901 4TH ST N, STE 300  
ST. PETERSBURG, FL 33702 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 MGR

Name STERLING, AUNDRE D

Address 9115 W COMMERCIAL BLVD , APT 202

City-State-Zip: SUNRISE FL 33351

*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:** AUNDRE STERLING

**OWNER**

**04/01/2023**

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

\_\_\_\_\_  
Date