

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000347396

Entity Name: TOTAL CARE INSURANCE, LLC

Current Principal Place of Business:

1960 NORTH FEDERAL HWY
POMPANO BEACH, FL 33062

Current Mailing Address:

3101 PORT ROYALE BLVD.
APT 231
FORT LAUDERDALE, FL 33308 US

FEI Number: 88-4115561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORREA, ROGER D
3101 PORT ROYALE BLVD.
APT 231
FORT LAUDERDALE, FL 33308 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 CORREA, ROGER D
Address 3101 PORT ROYALE BLVD.
APT 231
City-State-Zip: FORT LAUDERDALE FL 33308

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: CORREA , ROGER , D

P

04/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date