

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000412453

Entity Name: GENUINE CARE LLC

Current Principal Place of Business:

1751 LOGSDON ST
NORTH PORT, FL 34287

Current Mailing Address:

1751 LOGSDON ST
NORTH PORT, FL 34287

FEI Number: 22-0004125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, CARRIE
1751 LOGSDON ST
NORTH PORT, FL 34287 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 OWNER
Name THOMAS, CARRIE LENORE
Address 1751 LOGSDON ST
City-State-Zip: NORTH PORT FL 34287

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: CARRIE THOMAS

OWNER

03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date