## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000467369

Entity Name: MORALESCARE, LLC

**Current Principal Place of Business:** 

11929 SW 244 LN PRINCETON, FL 33032

**Current Mailing Address:** 

11929 SW 244 LN

PRINCETON, FL 33032 US

FEI Number: 92-0905150 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, AMARILYS 11929 SW 244 LN PRINCETON, FL 33032 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

FILED Feb 06, 2025

**Secretary of State** 

5460717559CC

## Authorized Person(s) Detail:

Title AMBR

Name AMARILYS MORALES
Address 11929 SW 244 LN

City-State-Zip: PRINCETON FL 33032

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.

Electronic Signature of Signing Authorized Person(s) Detail