

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000140191

Entity Name: NORA ELDERLY CARE LLC

Current Principal Place of Business:

5441 NW 36TH TERR
FORT LAUDERDALE, FL 33309

Current Mailing Address:

5441 NW 36TH TERR
FORT LAUDERDALE, FL 33309 US

FEI Number: 92-3632008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACTAX ACCOUNTING
7301 WILES RD SUITE 201
CORAL SPRINGS, FL 33067 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 VALLADARES, NORA A
Address 5441 NW 36TH TERR
City-State-Zip: FORT LAUDERDALE FL 33309

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: VALLADARES , NORA A

OWNER

04/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date