

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000209758

Entity Name: PASTORAS CARE LLC

Current Principal Place of Business:

4610 NW 113TH AVE
SUNRISE, FL 33323

Current Mailing Address:

4610 NW 113TH AVE
SUNRISE, FL 33323

FEI Number: 92-3779632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VELASCO, MARIA C
4610 NW 113TH AVE
SUNRISE, FL 33323 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 VELASCO, MARIA C
Address 4610 NW 113TH AVE
City-State-Zip: SUNRISE FL 33323

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: MARIA VELASCO

MANAGER

03/24/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date