

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000211092

Entity Name: OMI CARE SERVICES LLC

Current Principal Place of Business:

1500 SW 90TH AVE
MIAMI, FL 33174

Current Mailing Address:

1500 SW 90TH AVE
MIAMI, FL 33174 US

FEI Number: 92-3846427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ GASCON, ODETTE
1500 SW 90TH AVE
MIAMI, FL 33174 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 AMBR
Name RODRIGUEZ GASCON, ODETTE
Address 1500 SW 90TH AVE
City-State-Zip: MIAMI FL 33174

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: RODRIGUEZ GASCON, ODETTE

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02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date