

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000283251

Entity Name: PROFESSIONAL CARE INSURANCE COVERAGE LLC

Current Principal Place of Business:

13892 SW 90TH AVE APT HH102
MIAMI, FL 33176

Current Mailing Address:

13892 SW 90TH AVE APT HH102
MIAMI, FL 33176 US

FEI Number: 93-1865195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ BRACHO, ALIANNY SUSANA
13892 SW 90TH AVE APT HH102
MIAMI, FL 33176 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 GONZALEZ BRACHO, ALIANNY
SUSANA
Address 13892 SW 90TH AVE APT HH102
City-State-Zip: MIAMI FL 33176

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: GONZALEZ BRACHO , ALIANNY SUSANA

AMBR

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date