#### Authorized Person(s) Detail :

Electronic Signature of Registered Agent

Authorized Person(S) Detail.				
Title	MGR	Title	MGR	
Name	AMADOR, NINOSHKA	Name	CAMACHO, JOSE L	
Address	10236 DYLAN ST 215	Address	10236 DYLAN ST 215	
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825	

DOCUMENT# L23000318158

Entity Name: C&A PROPERTY CARE LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

10236 DYLAN ST 215 ORLANDO, FL 32825

#### **Current Mailing Address:**

10236 DYLAN ST 215 ORLANDO, FL 32825 US

## FEI Number: 93-2196126

## Name and Address of Current Registered Agent:

AMADOR, NINOSHKA 10236 DYLAN ST 215 ORLANDO, FL 32825 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:

Authorized Ferson(s) Detail .				
Title	MGR	Title	MGR	
Name	AMADOR, NINOSHKA	Name	CAMACHO, JOSE L	
Address	10236 DYLAN ST 215	Address	10236 DYLAN ST 215	
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825	

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.

MGR

# SIGNATURE: NINOSHKA AMADOR

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

02/10/2024 Date