

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000366272

**Entity Name:** O & R CORE CARE LLC

**Current Principal Place of Business:**

11146 SUMMER STAR DR  
RIVERVIEW, FL 33579

**Current Mailing Address:**

11146 SUMMER STAR DR  
RIVERVIEW, FL 33579

**FEI Number:** 93-3360876

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COOPER, CASSANDRA  
11146 SUMMER STAR DR  
RIVERVIEW, FL 33589 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 COOPER, CASSANDRA  
Address 11146 SUMMER STAR DR  
City-State-Zip: RIVERVIEW FL 33579

*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:** CASSANDRA COOPER

O & R CORE CARE LLC

07/31/2025

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date