## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000504664

Entity Name: MEMN CARE SERVICES LLC

**Current Principal Place of Business:** 

382 NE 191ST ST #877100 MIAMI, FL 33179

**Current Mailing Address:** 

382 NE 191ST ST #877100 MIAMI, FL 33179 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES NAPOLES, MARTHA E 382 NE 191ST ST # 877100 MIAMI, FL 33179 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: MORALES NAPOLES MARTHA E 03/03/2025

Electronic Signature of Registered Agent

Date

FILED Mar 03, 2025

**Secretary of State** 

2642681632CC

Authorized Person(s) Detail:

Title AMBR

Name MORALES NAPOLES, MARTHA E

Address 382 NE 191ST ST #877100

City-State-Zip: MIAMI FL 33179

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: MARTHA E MORALES NAPOLES

**AMBR** 

03/03/2025