

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L25000301294

Entity Name: MIRE CARES, LLC

Current Principal Place of Business:

6893 NW 179 ST
205
HIALEAH, FL 33015

Current Mailing Address:

6893 NW 179 ST
205
HIALEAH, FL 33015

FEI Number: 39-4253585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, MIREYA
6893 NW 179 ST
205
HIALEAH, FL 33015 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 P
Name FERNANDEZ, MIREYA
Address 6893 NW 179 ST APT 205
City-State-Zip: HIALEAH FL 33015

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: MIREYA FERNANDEZ

P

04/11/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date