

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000292

**Entity Name:** FLEXCARE, LLC

**Current Principal Place of Business:**

532 GIBSON DRIVE STE 100  
ROSEVILLE, CA 95678

**Current Mailing Address:**

532 GIBSON DRIVE STE 100  
ROSEVILLE, CA 95678 US

**FEI Number:** 20-5577402

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MR  
Name TRUXAL, CHRIS  
Address 990 RESERVE DR., STE 250  
City-State-Zip: ROSEVILLE CA 95678

*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:** CHRIS TRUXAL

**PRINCIPAL**

**01/11/2017**

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

\_\_\_\_\_  
Date