

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007911

**Entity Name:** DEVCARE SOLUTIONS, LTD., LLC

**Current Principal Place of Business:**

131 N HIGH ST, STE. 640  
COLUMBUS, OH 43215

**Current Mailing Address:**

131 N HIGH ST, STE. 640  
COLUMBUS, OH 43215 US

**FEI Number:** 20-2761086

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR.  
SUITE 150A  
TAMPA, FL 33607 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            PRES  
Name            THIRU, JANAKI  
Address        131 N HIGH ST, STE. 640  
City-State-Zip: COLUMBUS OH 43215

Title            DIR  
Name            REGUPATHY, RAMKUMAR  
Address        131 N HIGH ST, STE. 640  
City-State-Zip: COLUMBUS OH 43215

*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:** JANAKI THIRU

**PRESIDENT**

**04/17/2018**

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

\_\_\_\_\_  
Date