

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010608

Entity Name: QUICK MED CARE FRANCHISING LLC

Current Principal Place of Business:

1990 N PROSPECT AVE
LECANTO, FL 34461

Current Mailing Address:

PO BOX 2066
LECANTO, FL 34460 US

FEI Number: 81-5166686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, BRIAN
16528 N DALE MABRY HWY
TAMPA, FL 33618 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: BRIAN SANDERS

06/03/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ST MARTIN, DACELIN
Address 1990 N PROSPECT AVE
City-State-Zip: LECANTO FL 34461

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: DACELIN ST MARTIN

MGR

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date