#### **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000330734

Entity Name: MY KARE LLC

**FILED** Mar 08, 2023 **Secretary of State** 2238732363CC

## **Current Principal Place of Business:**

12339 OLIVE JONES RD.

#301

TAMPA, FL 33625

# **Current Mailing Address:**

12339 OLIVE JONES RD. #301

TAMPA, FL 33625 US

FEI Number: 87-1773623 Certificate of Status Desired: No

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

NGUYEN, MICHAEL DR. 12339 OLIVE JONES RD.

TAMPA, FL 33625 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 **AMBR** 

NGUYEN, MICHAEL DR. Name 12339 OLIVE JONES RD. #301 Address

City-State-Zip: TAMPA FL 33625

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.

03/08/2023 SIGNATURE: MICHAEL NGUYEN **PRESIDENT**