

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000255240

**Entity Name:** CARMONA CARE CENTER LLC

**Current Principal Place of Business:**

2210 SW 27 AVE  
MIAMI, FL 33145

**Current Mailing Address:**

2210 SW 27 AVE  
MIAMI, FL 33145 UN

**FEI Number:** 93-1523968

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, ANAIS  
2210 SW 27 AVE  
MIAMI, FL 33145 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           | MGR              | Title           | MGR              |
| Name            | RODRIGUEZ, ANAIS | Name            | CARMONA, OSVALDO |
| Address         | 2210 SW 27 AVE   | Address         | 2210 SW 27 AVE   |
| City-State-Zip: | MIAMI FL 33145   | City-State-Zip: | MIAMI FL 33145   |

*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:** ANAIS RODRIGUEZ

**MGR**

**01/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date