

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107273

**Entity Name:** HALL'S HEALTH CARE SERVICES POOL, LLC

**Current Principal Place of Business:**

640 SEA TURTLE WAY  
PLANTATION, FL 33324

**Current Mailing Address:**

PO BOX 17077  
PLANTATION, FL 33318 US

**FEI Number:** 26-1440615

**Certificate of Status Desired:** No

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

SHERBERG, LARRY  
2144 LINCOLN ST  
HOLLYWOOD, FL 33020 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 MGRM  
Name SHERBERG, LARRY  
Address 2144 LINCOLN ST  
City-State-Zip: HOLLYWOOD FL 33020

*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:** LARRY SHERBERG

MGRM

04/25/2024

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

\_\_\_\_\_ Date