

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032876

Entity Name: FLORIDA HOMECARE SPECIALISTS OF CITRUS LLC

Current Principal Place of Business:

18770 CORTEZ BLVD
BROOKSVILLE, FL 34601

FILED
Mar 12, 2021
Secretary of State
1762954142CC

Current Mailing Address:

8010 25TH COURT EAST
UNIT 103
SARASOTA, FL 34243 US

FEI Number: 30-0549684

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
#250
PLANTATION, FL 33324 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 BOARD MEMBER
Name CHRISTENSEN, STUART
Address 8010 25TH COURT EAST
UNIT 103
City-State-Zip: SARASOTA FL 34243

Title PRESIDENT
Name BELL, CASSANDRA
Address 8010 25TH COURT EAST
UNIT 103
City-State-Zip: SARASOTA FL 34243

Title VP
Name CROTHERS, WILLIAM
Address PO BOX 181569
City-State-Zip: DALLAS TX 75218

Title BOARD MEMBER
Name SCHULTZ, RICHARD RYAN
Address PO BOX 181569
City-State-Zip: DALLAS TX 75218

Title BOARD MEMBER
Name BEACH, TIMOTHY
Address 8010 25TH COURT EAST
UNIT 103
City-State-Zip: SARASOTA FL 34243

Title CFO
Name LANG, KURT
Address 8010 25TH COURT EAST
UNIT 103
City-State-Zip: SARASOTA FL 34243

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: KURT LANG

CFO

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date