

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021283

**Entity Name:** AT HOME CARE LLC

**Current Principal Place of Business:**

300 71 ST.  
#308  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

300 71 ST.  
#308  
MIAMI BEACH, FL 33141

**FEI Number:** 27-5042283

**Certificate of Status Desired:** No

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

FELDER, ULYSSES ESQ.  
1108 KANE CONCOURSE (96ST)  
206  
BAY HARBOR ISLAND, FL 33154 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 SAMOVILLE, CHRISTIE L  
Address 300 71ST ST.  
#308  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name BETSCHART, CHRISTOPHER S  
Address 300 71ST ST.  
#308  
City-State-Zip: MIAMI BEACH FL 33141

*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:** CHRISTIE SAMOVILLE

**PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date