

2016 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:

PO BOX 2496
STATELINE, NV 89449 US

FEI Number: 27-5042283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMOVILLE, CHRISTIE
300 71 ST.
MIAMI BEACH, FL 33141 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: CHRISTIE SAMOVILLE

02/03/2016

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

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

02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date