

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061774

Entity Name: ALL ABOUT HOME CARE MANAGEMENT, LLC

Current Principal Place of Business:

6158 SW STATE RD200
SUITE 200
OCALA, FL 34476

Current Mailing Address:

2135 SE MILL CREEK CIRCLE
OCALA, FL 34471 US

FEI Number: 45-2401497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPPELL, TRACY
2135 SE MILL CREEK CIRCLE
OCALA, FL 34471 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 CHAPPELL, TRACY
Address 2135 SE MILL CREEK CIRCLE
City-State-Zip: Ocala FL 34471

Title MGR
Name ILAGAN, NANCY
Address 11535 CORTEZ BOULEVARD
City-State-Zip: BROOKSVILLE FL 34613-7373

Title MGR
Name SAMAREL, JANICE
Address 11658 SW 50TH AVENUE
City-State-Zip: Ocala FL 34476

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: TRACY CHAPPELL

MGRM

01/23/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date