

**2017 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**

**MANAGING MEMBER**

**01/10/2017**

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

\_\_\_\_\_  
Date