

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165136

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC6420257214**

**Entity Name:** EMMANUEL HOME HEALTH LLC

**Current Principal Place of Business:**

10026 BOYNTON PLACE CIRCLE  
APT#535  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10026 BOYNTON PLACE CIRCLE  
APT#535  
BOYNTON BEACH, FL 33437

**FEI Number:** 47-2141747

**Certificate of Status Desired:** No

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

BURTON-EMMANUEL, COLEEN M  
10026 BOYNTON PLACE CIRCLE  
APT#535  
BOYNTON BEACH, FL 33437 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:** COLEEN M BURTON-EMMANUEL

04/29/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            BURTON-EMMANUEL, COLEEN M  
Address        10026 BOYNTON PLACE CIRCLE  
                  APT535  
City-State-Zip: BOYNTON BEACH FL 33437

Title            VP  
Name            EMMANUEL, KENO S  
Address        10026 BOYNTON PLACE CIRCLE  
                  APT535  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** COLEEN M BURTON-EMMANUEL

**PRESIDENT**

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date