

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000048511

**Entity Name:** AEGEAN HOMECARE, LLC

**Current Principal Place of Business:**

3016 US HWY. 301 N.  
SUITE 350  
TAMPA, FL 33619

**Current Mailing Address:**

3016 US HWY. 301 N.  
SUITE 350  
TAMPA, FL 33619 US

**FEI Number:** 47-4218125

**Certificate of Status Desired:** No

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

JEFFRIES, DAVID M  
1227 N FRANKLIN STREET  
TAMPA, FL 33602 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	MGR	Title	MGR
Name	HABER, PAUL	Name	SMITH, ED
Address	3016 US HWY. 301 N. SUITE 350	Address	3016 US HWY. 301 N. SUITE 350
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

  

Title	OWNR
Name	AEGEAN PARTNERS, INC.
Address	3016 US HWY. 301 N. SUITE 350
City-State-Zip:	TAMPA FL 33619

*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:** EDWARD SMITH

**MGR**

**01/23/2024**

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

\_\_\_\_\_  
Date