

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000109216

**Entity Name:** ACTIVE HOME HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

7708 ISABELLA LANE  
ODESSA, FL 33556

**Current Mailing Address:**

7708 ISABELLA LANE  
ODESSA, FL 33556 US

**FEI Number: 81-2906643**

**Certificate of Status Desired: No**

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
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: RADHA BACHMAN**

**06/09/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR/AMBR  
Name MORGAN, SHELLEY  
Address 7708 ISABELLA LANE  
City-State-Zip: ODESSA FL 33556

Title MGR/AMBR  
Name MORGAN, SIDNEY  
Address 7708 ISABELLA LANE  
City-State-Zip: ODESSA FL 33556

Title AP  
Name GRUNEWALD, SHAYNA  
Address 33845 SILVER PINE DR  
City-State-Zip: LEESBURG FL 34788

*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: SHAYNA GRUNEWALD**

**CEO**

**06/09/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date