

2018 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

04/26/2018

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

AP

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date