

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128370

**Entity Name:** YOU ALWAYS HAVE US HOME CARE LLC

**Current Principal Place of Business:**

301 W. ATLANTIC AVENUE  
SUITE O-8, OFFICE 12  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

174 MARYLAND AVENUE  
STATEN ISLAND, NY 10305 US

**FEI Number:** 81-3193188

**Certificate of Status Desired:** No

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

ZACARIAS, KRISTIAN  
301 W. ATLANTIC AVENUE  
SUITE O-8, OFFICE 12  
DELRAY BEACH, FL 33444 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  
Name ZACARIAS, KRISTIAN  
Address 301 W ATLANTIC AVENUE  
0-8 OFFICE 12  
City-State-Zip: BOCA RATON FL 33444

*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:** KRISTIAN ZACARIAS

MGR

01/23/2017

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

\_\_\_\_\_  
Date