

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000203458

Entity Name: ALTRUISM HOME CARE AGENCY LLC

Current Principal Place of Business:

4440 SW ARCHER RD
APT 903
GAINESVILLE, FL 32608

Current Mailing Address:

4440 SW ARCHER RD
APT 903
GAINESVILLE, FL 32608

FEI Number: 81-4329337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRIVER, GENEVA
4440 SW ARCHER RD
APT 903
GAINESVILLE, FL 32608 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 OWNER, AUTHORIZED MEMBER,
 AUTHORIZED REPRESENTATIVE

Name DRIVER, GENEVA

Address 4440 SW ARCHER RD
 APT 903

City-State-Zip: GAINESVILLE FL 32608

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: GENEVA DRIVER

OWNER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date