

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211860

**Entity Name:** NEXT GENERATION HOME CARE LLC

**Current Principal Place of Business:**

1044 E. BRANDON BLVD - EP 2  
BRANDON, FL 33511

**Current Mailing Address:**

1044 E. BRANDON BLVD - EP 2  
BRANDON, FL 33511 US

**FEI Number: 81-4523842**

**Certificate of Status Desired: Yes**

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

SMITH, BECKI  
2431 N. BETHLEHEM RD  
PLANT CITY, FL 33566 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           | MBR                     | Title           | MBR                  |
| Name            | ADKINS, WILLIAM K       | Name            | SMITH, BECKI         |
| Address         | 2303 PRESERVATION DRIVE | Address         | 2431 N. BETHLEHEM RD |
| City-State-Zip: | PLANT CITY FL 33566     | City-State-Zip: | PLANT CITY FL 33565  |

*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: BECKI SMITH**

**VICE PRESIDENT**

**03/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date