

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000227740

**Entity Name:** EDUCATING HANDS CARE, LLC

**Current Principal Place of Business:**

400 KINGS POINT DRIVE  
APT. 1406  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

400 KINGS POINT DRIVE  
APT. 1406  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 36-4854948

**Certificate of Status Desired:** No

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

NICOLE J. HUESMANN, P.A.  
150 ALHAMBRA CIRCLE  
SUITE 1200  
CORAL GABLES, FL 33134 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 PODOBNIK, TOMAS  
Address 400 KINGS POINT DRIVE, APT. 1406  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name KOSTELNICKAKOVA, KATARINA  
Address 400 KINGS POINT DRIVE, APT. 1406  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** KATARINA KOSTELNICKAKOVA

**MANAGER**

**03/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date