

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000024490

Entity Name: EXCELLENT HOME HEALTH CARE, LLC

Current Principal Place of Business:

4330 KENT AVE
LAKE WORTH, FL 33461

Current Mailing Address:

6767 SILVER RIDGE LN
GREENACRES, FL 33413 US

FEI Number: 81-5217049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NODARSE RAMIREZ, ADIANEZ
4330 KENT AVE
LAKE WORTH, FL 33461 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 NODARSE RAMIREZ, ADIANEZ
Address 4330 KENT AVE
City-State-Zip: LAKE WORTH FL 33461

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: ADIANEZ NODARSE RAMIREZ

MRS

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date