

**2020 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            PRESIDENT  
Name            NODARSE, ADIANEZ  
Address        6767 SILVER RIDGE LN  
City-State-Zip: GREENACRES FL 33413

*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

PTA

04/28/2020

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

\_\_\_\_\_  
Date