

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000036770

**Entity Name:** SHARING LOVE HOME CARE LLC**Current Principal Place of Business:**2210 SW FRANKLIN ST  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2210 SW FRANKLIN ST  
PORT SAINT LUCIE, FL 34953**FEI Number:** 81-5463942**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FARREAU, LENS K  
2210 SW FRANKLIN ST  
PORT SAINT LUCIE, FL 34953 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:** LENS FARREAU

04/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBER  
Name FARREAU, KELITA G  
Address 2210 SW FRANKLIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MBER  
Name FARREAU, LYONEL  
Address 2210 SW FRANKLIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MBER  
Name FARREAU, LAURIE K.  
Address 2210 SW FRANKLIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MBER  
Name FARREAU, LENS K.  
Address 2210 SW FRANKLIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MBER  
Name GEORGES, SAM KELLY  
Address 2210 SW FRANKLIN ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** LENS K. FARREAU

MEMBER

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date