

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000039342

**Entity Name:** DE LEON HOMECARE LLC

**Current Principal Place of Business:**

9561 FONTAINEBLEAU BLVD  
411  
MIAMI, FL 33172

**Current Mailing Address:**

9561 FONTAINEBLEAU BLVD  
411  
MIAMI, FL 33172 US

**FEI Number:** 82-0602411

**Certificate of Status Desired:** No

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

DE LEON, MARTA I  
9561 FONTAINEBLEAU BLVD  
411  
MIAMI, FL 33172 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:** DE LEON MARTA

04/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DE LEON, MARTA I  
Address 9561 FONTAINEBLEAU BLVD  
411  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MARTINEZ, ELIO  
Address 1331 SW 72 COURT  
City-State-Zip: MIAMI FL 33144

*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:** DE LEON , MARTA I

**PRESIDENT**

04/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date