

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000108551

Entity Name: ABSOLUTE CARE HOMEMAKER-COMPANION SERVICES, LLC

Current Principal Place of Business:

1839 LANE AVENUE S
STE 106
JACKSONVILLE, FL 32210

Current Mailing Address:

945 LAS NAVAS PLACE
ST AUGUSTINE, FL 32092

FEI Number: 82-0717318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LABIAL, GUILLERMO R
945 LAS NAVAS PLACE
ST AUGUSTINE, FL 32092 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	Title	MGR
Name	LABIAL, GUILLERMO R	Name	URIARTE-LABIAL, MARJORIE
Address	945 LAS NAVAS PLACE	Address	945 LAS NAVAS PLACE
City-State-Zip:	ST AUGUSTINE FL 32092	City-State-Zip:	ST AUGUSTINE FL 32092

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: GUILLERMO R LABIAL

MGR

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date