

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108551

**Entity Name:** ABSOLUTE CARE HOMEMAKER-COMPANION SERVICES, LLC

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**9196097783CC**

**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**

**03/18/2020**

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

\_\_\_\_\_  
Date