

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000031082

**Entity Name:** SEVEN HEAVEN HOME CARE LLC

**Current Principal Place of Business:**

2100 W 45TH STREET  
B-13  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2100 W 45TH STREET  
B13  
WEST PALM BEACH, FL 33407 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MICHAEL, NOELUS  
2100 W 45TH STREET  
B-13  
WEST PALM BEACH, FL 33407 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:** MICHAEL NOELUS

03/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NOELUS, MICHAEL  
Address 2100 W 45TH STREET  
B-13  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** MICHAEL NOELUS

AMBR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date