#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000031082

Entity Name: SEVEN HEAVEN HOME CARE LLC

#### **Current Principal Place of Business:**

2043 SE WATERCREST ST PORT SAINT LUCIE, FL 34984

### **Current Mailing Address:**

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

## FEI Number: APPLIED FOR

# Name and Address of Current Registered Agent:

MICHAEL, NOELUS 2043 SE WATERCREST ST PORT SAINT LUCIE, FL 34984 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

Electronic Signature of Registered Agent

#### 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.

OWNER

SIGNATURE: MICHAEL NOELUS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 17, 2022 Secretary of State 1813635263CC

Certificate of Status Desired: No

03/17/2022

Date

03/17/2022 Date