

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000098842

Entity Name: PEOPLES HOME HEALTH, LLC

Current Principal Place of Business:

507 YESTEROAKS CIRCLE
GULF BREEZE, FL 32561

Current Mailing Address:

507 YESTEROAKS CIRCLE
GULF BREEZE, FL 32561

FEI Number: 61-1886165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LITVAK, KRAMER A
226 E. GOVERNMENT STREET
PENSACOLA, FL 32502 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
Name BUTTELL, TIMOTHY A
Address 507 YESTEROAKS CIRCLE
City-State-Zip: PENSACOLA FL 32561

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: TIMOTHY A. BUTTELL

MANAGER

04/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date