

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000098842

**Entity Name:** PEOPLES HOME HEALTH, LLC

**Current Principal Place of Business:**

213 E. WRIGHT STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

213 E. WRIGHT STREET  
PENSACOLA, FL 32501

**FEI Number:** 61-1886165

**Certificate of Status Desired:** Yes

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

MANNING, A. ALAN  
125 E. INTENDENCIA STREET  
4TH FLOOR  
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	Title	MGR
Name	BUTTELL, TIMOTHY A	Name	NORTON, MATTHEW
Address	213 E WRIGHT ST	Address	213 E. WRIGHT STREET
City-State-Zip:	PENSACOAL FL 32501	City-State-Zip:	PENSACOLA FL 32501

*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

**MGR**

**03/23/2020**

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

\_\_\_\_\_  
Date