

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000193723

**Entity Name:** ABSOLUTE ADVANCED AFFORDABLE HOMEHEALTH AGENCY,  
L.L.C.

**FILED**  
**Mar 03, 2019**  
**Secretary of State**  
**7772137817CC**

**Current Principal Place of Business:**

9914 SHEPARD PLACE  
WELLINGTON, FL 33414

**Current Mailing Address:**

9914 SHEPARD PLACE  
WELLINGTON, FL 33414 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REVOL, MARGARETTE  
9914 SHEPARD PLACE  
WELLINGTON, FL 33414 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 AMBR  
Name REVOL, MARGARETTE  
Address 9914 SHEPARD PLACE  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name REVOL, VAGNER  
Address 9914 SHEPARD PLACE  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name BOISROND, KEDMA  
Address 9914 SHEPARD PLACE  
City-State-Zip: WELLINGTON FL 33414

*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: MARGARETTE REVOL**

**03/03/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date