

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000207225

**Entity Name:** HOSPICE FUNDAMENTALS, LLC

**Current Principal Place of Business:**

2605 W. ATLANTIC AVENUE  
SUITE D-102  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2605 W. ATLANTIC AVENUE  
SUITE D-102  
DELRAY BEACH, FL 33445 US

**FEI Number:** 83-1943388

**Certificate of Status Desired:** No

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

ACEVEDO CONSULTING INCORPORATED  
2605 W. ATLANTIC AVENUE  
SUITE D-102  
DELRAY BEACH, FL 33445 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	ACEVEDO, JEAN	Name	ACEVEDO, CHRISTOPHER
Address	2605 W. ATLANTIC AVE., SUITE D-102	Address	2605 W. ATLANTIC AVE., SUITE D-102
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445

*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:** JEAN ACEVEDO

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_  
Date