

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232099

**Entity Name:** HOME AWAY FROM HOME, LLC

**Current Principal Place of Business:**

533 NORTHLAKE BLVD  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

PO BOX 14127  
NORTH PALM BEACH, FL 33408

**FEI Number:** 32-0580371

**Certificate of Status Desired:** No

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

NORRIS, DAVID B  
712 US HWY ONE STE 400  
NORTH PALM BEACH, FL 33408 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	COHEN, BRYAN S	Name	COHEN, KAREN E
Address	533 NORTHLAKE BLVD	Address	533 NORTHLAKE BLVD
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408

*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:** KAREN E COHEN

MGR

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date