

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000234239

**Entity Name:** MEMOH HOME CARE LLC

**Current Principal Place of Business:**

135 JENKINS STREET  
SUITE 105B #265  
ST.AUGUSTINE, FL 32086

**Current Mailing Address:**

135 JENKINS STREET  
SUITE 105B #265  
ST.AUGUSTINE, FL 32086 US

**FEI Number:** 83-2246058

**Certificate of Status Desired:** Yes

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

MOORE, MICHELLE  
135 JENKINS STREET  
SUITE 105 B #265  
ST.AUGUSTINE, FL 32086 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 MOORE, MICHELLE  
Address PO BOX 193  
City-State-Zip: ELKTON FL 32033

*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:** MICHELLE MOORE

**OWNER**

**04/05/2021**

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

\_\_\_\_\_  
Date