

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000007354

**Entity Name:** PURE HEART IN-HOME SERVICES LLC

**Current Principal Place of Business:**

3592 BROADWAY  
SUIT 130  
FT. MYERS, FL 33901

**Current Mailing Address:**

P.O BOX 62138  
FT. MYERS, FL 33906 US

**FEI Number: 87-3871028**

**Certificate of Status Desired:** No

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

YOUNG, DEBRA  
1926 FORD ST  
FORT MYERS, FL 33916 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 HAYWARD, LAKEYATTA  
Address 3592 BROADWAY  
SUITE 130  
City-State-Zip: FORT MYERS FL 33901

*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: LAKEYATTA HAYWARD**

**MANAGER**

**04/16/2024**

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

\_\_\_\_\_  
Date