

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000054419

**Entity Name:** HOMECARE ROSEWOOD LLC

**Current Principal Place of Business:**

4851 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103

**Current Mailing Address:**

408 POLIHALE WAY  
NAPLES, FL 34114 US

**FEI Number:** 83-4025170

**Certificate of Status Desired:** No

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

HOLMES, ALISON  
4851 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 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 HOLMES, ALISON  
Address 408 POLIHALE WAY  
City-State-Zip: NAPLES FL 34114

*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:** ALISON HOLMES

**ADMINISTRATOR**

**01/24/2024**

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

\_\_\_\_\_  
Date