

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000096897

Entity Name: MOXMAN HOME CARE LLC

Current Principal Place of Business:

44 4TH ST SW
WINTER HAVEN, FL 33880

Current Mailing Address:

115 COVINGTON CV SE
WINTER HAVEN, FL 33880 US

FEI Number: 83-4437373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DR. STE 150A
TAMPA, FL 33607 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 WAKEMAN, BART
Address 3884 ELOISE ESTATES CT
City-State-Zip: WINTER HAVEN FL 33881

Title MGR
Name MOXAM, BRANDON
Address 115 COVINGTON CV SE
City-State-Zip: WINTER HAVEN FL 33880

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: BRANDON MOXAM

MANAGER

03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date