

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000102440

**Entity Name:** MCH HOMECARE, LLC

**Current Principal Place of Business:**

10780 S. SARATOGA DRIVE  
HOLLYWOOD, FL 33026

**Current Mailing Address:**

10780 S. SARATOGA DRIVE  
HOLLYWOOD, FL 33026 US

**FEI Number:** 37-1957754

**Certificate of Status Desired:** No

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

MAXWELL, MELBOURNE  
112 IBISCA TERRACE  
ROYAL PALM BEACH, FL 33411 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 MBR  
Name COTTERELL, JOSEPH  
Address 10780 S. SARATOGA DRIVE  
City-State-Zip: HOLLYWOOD FL 33026

Title MBR  
Name COTTERELL, TRICIA-GAYE  
Address 10780 S. SARATOGA DRIVE  
City-State-Zip: HOLLYWOOD FL 33026

Title MBR  
Name MAXWELL, MELBOURNE  
Address 112 IBISCA TERRACE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MBR  
Name MAXWELL, JENNIFER  
Address 112 IBISCA TERRACE  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** JOSEPH COTTERELL

MEMBER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date