

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000157271

**Entity Name:** CHM HEALTHCARE L.L.C

**Current Principal Place of Business:**

13392 SW 256 TERRACE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13392 SW 256 TERRACE  
HOMESTEAD, FL 33032 US

**FEI Number:** 84-2321230

**Certificate of Status Desired:** No

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

HERNANDEZ MACHADO, CRISTINA  
13392 SW 256 TERRACE  
HOMESTEAD, FL 33032 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:** CRISTINA HERNANDEZ MACHADO

04/04/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	HERNANDEZ MACHADO, CRISTINA	Name	HERNANDEZ MACHADO, CRISTINA
Address	13392 SW 256 TERRACE	Address	13392 SW 256 TERRACE
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032

*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:** CRISTINA HERNANDEZ MACHADO

MGR

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date