

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000199356

**Entity Name:** AKACHI COMMUNITY CARE HOMES, LLC

**Current Principal Place of Business:**

931 VILLAGE BLVD  
SUITE 288  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

931 VILLAGE BLVD  
SUITE 288  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 85-1217934

**Certificate of Status Desired:** Yes

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

BANKS, TRACY  
931 VILLAGE BLVD  
SUITE 288  
WEST PALM BEACH, FL 33409 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 BANKS, TRACY  
Address 931 VILLAGE BLVD  
SUITE 288  
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR  
Name BANKS, DONTAE  
Address 931 VILLAGE BLVD  
SUITE 288  
City-State-Zip: WEST PALM BEACH FL 33409

Title AMBR  
Name HARPER, GAIL  
Address 931 VILLAGE BLVD  
SUITE 288  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** TRACY BANKS

MGR

01/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date