# 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.

CEO

SIGNATURE: BLESSING TARUZA

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000219417

Entity Name: HOME CARE VISITORS LLC

### **Current Principal Place of Business:**

1800 SW 25TH ST UNIT 2104 MIAMI, FL 33133

### **Current Mailing Address:**

17004 GRIFFIN RD SOUTHWEST RANCHES, FL 33331 US

# FEI Number: 84-2912158

## Name and Address of Current Registered Agent:

TARUZA, BLESSING 1800 SW 25TH ST UNIT 2104 MIAMI, FL 33133 US

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	TARUZA, BLESSING	Name	MUZIWI, IDZAI
Address	1800 SW 25TH ST, UNIT 2104	Address	1800 SW 25TH ST, UNIT 2104
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

03/04/2023

Date

Date