

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000265057

**Entity Name:** ADM HOME CARE LLC

**Current Principal Place of Business:**

3915 SW 11TH AVE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

4423 SE 16TH PL  
STE.19  
CAPE CORAL, FL 33904 US

**FEI Number:** 84-3597610

**Certificate of Status Desired:** No

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

MALDONADO, ANGELINA  
3915 SW 11TH AVE  
CAPE CORAL, FL 33914 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 MALDONADO, ANGELINA  
Address 3915 SW 11TH AVE  
City-State-Zip: CAPE CORAL FL 33914

Title MGR  
Name AGUILAR, MYRA  
Address 18 NW 29TH PL  
City-State-Zip: CAPE CORAL FL 33993

*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:** ANGELINA MALDONADO

MGR

04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date