

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000071304

Entity Name: HOME CARE OF TAMPA, LLC

Current Principal Place of Business:

6914 NORTH THATCHER AVENUE
TAMPA, FL 33614

Current Mailing Address:

3420 S DALE MABRY HWY
STE S
TAMPA, FL 33629 UN

FEI Number: 85-0733387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADLEY, MICHELLE
3420 S DALE MABRY HWY
STE S
TAMPA, FL 33629 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 BRADLEY, MICHELLE
Address 3420 S DALE MABRY HWY, STE S
City-State-Zip: TAMPA FL 33629

Title MGR
Name BRADLEY, JONATHAN
Address 3420 S DALE MABRY HWY, STE S
City-State-Zip: TAMPA FL 33629

Title MGR
Name LOPER, VANESSA
Address 14133 DEER TRAIL DRIVE
City-State-Zip: HUDSON FL 34667

Title MGR
Name MCCASKILL, JAMES
Address 2434 QUEEN ST S
City-State-Zip: ST PETERSBURG FL 33711

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: MICHELLE BRADLEY

OWNER

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date