

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000090745

**Entity Name:** ALEGRIA HOME CARE SERVICES LLC

**Current Principal Place of Business:**

1380 N KROME AVE  
#103  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

1380 N KROME AVE  
#103  
FLORIDA CITY, FL 33034 US

**FEI Number:** 85-0549289

**Certificate of Status Desired:** Yes

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

VASQUEZ, SARAH  
12601 SW 13 STREET  
G212  
PEMBROKE PINES, FL 33027 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 PARRA-ROJO, ARIANNA  
Address 1380 N KROME AVE, #103  
City-State-Zip: FLORIDA CITY FL 33034

Title AR  
Name VASQUEZ, SARAH  
Address 12601 SW 13TH ST  
G212  
City-State-Zip: PEMBROKE PNES FL 33027

*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:** SARAH VASQUEZ

**REGISTERED AGENT**

**01/27/2023**

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

\_\_\_\_\_  
Date