

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000094827

**Entity Name:** SOLE HOME CARE LLC

**Current Principal Place of Business:**

860 US HWY 1  
STE 101D  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

860 US HWY 1  
STE 101D  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 85-0588829

**Certificate of Status Desired:** No

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

LOUIS JEAN, KATIA AP  
6879 BIG PINE KEY STREET  
LAKE WORTH, FL 33467 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	VP	Title	PRESIDENT
Name	CANTY, TIFFANY	Name	JEAN, KATIA LOUIS
Address	1900 PINEHURST DRIVE	Address	6879 BIG PINE KEY STREET
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	LAKE WORTH FL 33467

*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:** CANTY, TIFFANY

VP

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date