

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000096754

**Entity Name:** ENVISION BETTER HOMECARE LLC

**Current Principal Place of Business:**

6635 FORT KING RD  
APT 111  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

6635 FORT KING RD  
APT 111  
ZEPHYRHILLS, FL 33542 US

**FEI Number:** 85-0633900

**Certificate of Status Desired:** No

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

HILL, EOLANDE B  
6635 FORT KING RD  
APT 111  
ZEPHYRHILLS, FL 33542 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 HILL, EOLANDE B  
Address 6635 FORT KING RD APT 111  
City-State-Zip: ZEPHYRHILLS FL 33542

*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:** EOLANDE HILL

MGR

04/27/2022

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

\_\_\_\_\_  
Date