

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000168199

**Entity Name:** WHITE SANDS HOME CARE LLC

**Current Principal Place of Business:**

300 WILLIAMSBURG DR.  
GULF BREEZE, FL 32561

**Current Mailing Address:**

300 WILLIAMSBURG DR.  
GULF BREEZE, FL 32561 UN

**FEI Number: 85-1610044**

**Certificate of Status Desired: No**

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

HAINES, MAX T  
300 WILLIAMSBURG DR.  
GULF BREEZE, FL 32561 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	Title	AP
Name	HAINES, MAX T	Name	MASHBURN ESTRADA, DEANNA L
Address	300 WILLIAMSBURG DR.	Address	800 EBB TIDE DR.
City-State-Zip:	GULF BREEZE FL 32561	City-State-Zip:	PENSACOLA FL 32507

*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: TIMOTHY MAX HAINES**

**OWNER**

**04/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date