

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000227859

Entity Name: HAND - N - HAND HOME CARE, LLC

Current Principal Place of Business:

29 OLD KING ROAD NORTH
SUITE 5B
PALM COAST, FL 32137

Current Mailing Address:

29 OLD KING ROAD NORTH
SUITE 5B
PALM COAST, FL 32137 US

FEI Number: 86-2309449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
911 CHESTNUT ST
CLEARWATER, FL 33756 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 MALONE, SHIRLEY A
Address 29 OLD KING ROAD N
SUITE 2B
City-State-Zip: PALM COAST FL 32137

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: SHIRLEY A MALONE

MANAGER

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date