

**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