2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
6821297186CC

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Entity Name: HOMECARE ALTERNATIVES, LLC

Current Principal Place of Business:

309 NE 1ST STREET
GAINESVILLE, FL 32601

Current Mailing Address:

309 NE 1ST STREET
GAINESVILLE, FL 32601 US

FEI Number: 85-4249206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHARY, CLARA F
309 NE 1ST STREET
GAINESVILLE, FL 32601 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	CEO, PRESIDENT
Name	JOHARY, CLARA F
Address	309 NE 1ST STREET
City-State-Zip:	GAINESVILLE FL 32601

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: CLARA F. JOHARY CEO/PRES 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail | Date