

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000030318

**Entity Name:** TOUCH OF LOVE HEALTHCARE LLC

**Current Principal Place of Business:**

1812 BARTLEY STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

1812 BARTLEY STREET  
HAINES CITY, FL 33844

**FEI Number: 86-1587171**

**Certificate of Status Desired: Yes**

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

WEEMS, SONYA S  
1812 BARTLEY STREET  
HAINES CITY, FL 33844 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 PR  
Name WEEMS, SONYA  
Address 1812 BARTLEY STREET  
City-State-Zip: HAINES CITY FL 33844

*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: SONYA WEEMS**

**PRESIDENT - OWNER**

**03/09/2022**

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

\_\_\_\_\_ Date