

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000174547

**Entity Name:** NURSE AT HOME HEALTHCARE LLC

**Current Principal Place of Business:**

1415 LA CASITA ST  
DELTONA, FL 32725

**Current Mailing Address:**

1415 LA CASITA ST  
DELTONA, FL 32725 UN

**FEI Number: 86-3461241**

**Certificate of Status Desired: No**

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

BASTER, RICHARD B  
1415 LA CASITA ST  
DELTONA, FL 32725 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  
Name            BASTER, RICHARD B  
Address        1415 LA CASITA ST  
City-State-Zip: DELTONA FL 32725

*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: RICHARD BASTER**

**OWNER**

**01/29/2023**

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

\_\_\_\_\_  
Date