

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000215100

**Entity Name:** PREFERRED FAMILY HOME CARE LLC

**Current Principal Place of Business:**

1511 NE 150 ST  
103  
MIAMI, FL 33161

**Current Mailing Address:**

6533 SW 10TH CT  
103  
NORTH LAUDERDALE, FL 33068-2634 US

**FEI Number:** 86-3900912

**Certificate of Status Desired:** Yes

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

JOSEPH, MARIE D  
6533 SW 10TH CT  
NORTH LAUDERDALE, FL 33068-2634 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 MANAGER  
Name ANDRE, ELISABETH  
Address 6445 COLLEGE PARK CIRCLE APT  
203  
City-State-Zip: NAPLES FL 34113

Title AUTHORIZED MEMBER, MANAGER  
Name CHAVANNES, DANIEL  
Address 1511 NE 150 ST APT 103  
City-State-Zip: MIAMI FL 33161

Title AUTHORIZED MEMBER, MANAGER  
Name JOSEPH, MARIE D  
Address 1511 NE 150 STREET APT 103  
City-State-Zip: MIAMI FL 33161

*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:** MARIE JOSEPH

**MEMBER**

**03/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date