

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000309319

**Entity Name:** LEENA'S HOME HEALTHCARE LLC

**Current Principal Place of Business:**

66 WEST FLAGLER STREET  
900  
MIAMI, FL 33130

**Current Mailing Address:**

66 WEST FLAGLER STREET  
900  
MIAMI, FL 33130 US

**FEI Number:** 87-1607293

**Certificate of Status Desired:** No

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

MALLEBRANCHE, ASHLEY  
9431 NW 24TH PLACE  
PEMBROKE PINES, FL 33024 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:** ASHLEY MALLEBRANCHE

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MALLEBRANCHE, ASHLEY  
Address 9431 NW 24TH PLACE  
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR  
Name STCYR, WOOLINE  
Address 9431 NW 24TH PLACE  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** ASHLEY MALLEBRANCHE

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date