

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000346380

**Entity Name:** HOME HEALTHCARE OF FORT LAUDERDALE LLC**Current Principal Place of Business:**488 NE 18TH ST., UNIT 4911  
MIAMI, FL 33132**Current Mailing Address:**488 NE 18TH ST., UNIT 4911  
MIAMI, FL 33132 US**FEI Number:** 87-2025807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALMUN, LOUIS  
488 NE 18TH ST., UNIT 4911  
MIAMI, FL 33132 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	AMBR
Name	SALMUN, LOUIS
Address	488 NE 18TH ST UNIT 4911
City-State-Zip:	MIAMI FL 33132

Title	AMBR
Name	SALMUN, GRAHAM
Address	488 NE 18TH ST., UNIT 4911
City-State-Zip:	MIAMI FL 33132

Title	AMBR
Name	SALMUN, SCOTT
Address	488 NE 18TH ST., UNIT 4911
City-State-Zip:	MIAMI FL 33132

Title	AMBR
Name	ZINGER, CELIA
Address	488 NE 18TH ST., UNIT 4911
City-State-Zip:	MIAMI FL 33132

*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:** LOUIS SALMUN**OWNER/CEO****01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date