

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000452999

**Entity Name:** SNOEL QUALITY HOME CARE LLC

**Current Principal Place of Business:**

31 KIRKWOOD RD  
PORT WASHINGTON, NY 11050

**Current Mailing Address:**

31 KIRKWOOD RD  
2ND FLOOR  
PORT WASHINGTON, NY 11050

**FEI Number:** 27-3405666

**Certificate of Status Desired:** No

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

NOEL, SAPPHIRE  
31 KIRKWOOD RD  
2ND FLOOR  
PORT WASHINGTON, FL 11050 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            ONWER  
Name            NOEL-MCDONALD, SAPPHIRE  
Address        31 KIRKWOOD RD  
City-State-Zip: PORT WASHINGTON NY 11050

*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:** SAPPHIRE NOEL-MCDONALD

ONWER

04/06/2022

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

\_\_\_\_\_ Date