

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000064829

**Entity Name:** CLOUDS HOME CARE LLC

**Current Principal Place of Business:**

4932 US 19  
NEW PORT. RICHEY, FL 34652

**Current Mailing Address:**

4932 US 19  
NEW PORT. RICHEY, FL 34652 US

**FEI Number:** 88-0537736

**Certificate of Status Desired:** No

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

MATHAI, ABHILASH T  
4932 US 19  
NEW PORT RICHEY, FL 34652 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:** ABHILASH T MATHAI

03/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MATHAI, ABHILASH  
Address 7248 GABERIA ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR  
Name KORAH, ASHLEY M  
Address 7248 GABERIA ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** ABHILASH MATHAI

MGR

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date