

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000076662

**Entity Name:** HOUSE TO HOME FAMILY CARE LLC

**Current Principal Place of Business:**

7003 BELLEAIR AVE  
FORT PIERCE, FL 34951

**Current Mailing Address:**

7003 BELLEAIR AVE  
FORT PIERCE, FL 34951 US

**FEI Number:** 32-0684004

**Certificate of Status Desired:** Yes

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

RAY, DEONTRE A  
7003 BELLEAIR AVE  
FORT PIERCE, FL 34951 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            OWNER  
Name            RAY, DEONTRE A  
Address        7003 BELLEAIR AVENUE  
City-State-Zip: FORT PIERCE FL 34951

*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:** DEONTRE A RAY

OWNER

02/25/2024

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

\_\_\_\_\_  
Date