## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000284897

**Entity Name: EMBRACING HOME CARE LLC** 

**Current Principal Place of Business:** 

421 MONTGOMERY RD,

SUITE 151

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** 

421 MONTGOMERY RD,

SUITE 151

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 88-2908592 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ETIENNE, VANESSA 421 MONTGOMERY RD, SUITE 151

ALTAMONTE SPRINGS, FL 32714 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

**FILED** Apr 30, 2025

**Secretary of State** 

2698897876CC

Authorized Person(s) Detail:

Title MGR Title MGR

ETIENNE, VANESSA ETIENNE, PAUL Name Name

421 MONTGOMERY RD, 421 MONTGOMERY RD, Address Address SUITE 151

SUITE 151

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

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.