## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000306576

Entity Name: MNH FLORIDA HOMECARE ACQUISITIONS LLC

Jan 02, 2025 **Secretary of State** 7362435306CC

**FILED** 

## **Current Principal Place of Business:**

2415 STERLING ROAD

FORT LAUDERDALE, FL 33312

## **Current Mailing Address:**

103-15 101 ST.

OZONE PARK, NY 11417 US

FEI Number: 88-3201588 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HILLEL ADELMAN 4120 NW 4TH AVENUE BOCA RATON, FL 33431 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.

Title

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **AMBR** 

HILLEL ADELMAN

Name

4120 NW 4TH AVENUE Address

City-State-Zip: BOCA RATON FL 33431

Title **AMBR** 

MDF FAMILY 2022-NON GRANTOR Name

TRUST

Address 1076 EAST 23RD ST City-State-Zip: **BROOKLYN NY 11210** 

**NEAL EINHORN FAMILY 2022-NON** Name

**GRANTOR TRUST** 

Address 41 VIRGINIA AVE

**MBR** 

CLIFTON NJ 07012 City-State-Zip:

**AMBR** 

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: HILLEL ADELMAN

Electronic Signature of Signing Authorized Person(s) Detail

01/02/2025 Date