

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000366162

Entity Name: ELDERLY HOME HEALTH LLC

Current Principal Place of Business:

7901 4TH ST N
STE 4000
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N
STE 4000
ST. PETERSBURG, FL 33702 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 GM
Name EUGENE, MARIE
Address 8965 ROYAL RIVER CIRCLE
City-State-Zip: PARRISH FL 34219

Title CFO
Name EUGENE, CHRISTIE
Address 8965 ROYAL RIVER CIRCLE
City-State-Zip: PARRISH FL 34219

Title TD
Name EUGENE, CHRISTOPHER
Address 8965 ROYAL RIVER CIRCLE
City-State-Zip: PARRISH FL 34219

Title CEO
Name EUGENE, CHRISTIAN
Address 8965 ROYAL RIVER CIRCLE
City-State-Zip: PARRISH FL 34219

Title MD
Name EUGENE, BENJAMIN
Address 8965 ROYAL RIVER CIRCLE
City-State-Zip: PARRISH FL 34219

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: CHRISTIAN EUGENE

CEO

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date