

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000370193

**Entity Name:** ANDECO ELDERLY CARE LLC

**Current Principal Place of Business:**

401 N MILLS AVE  
SUITE B  
ORLANDO, FL 32803

**Current Mailing Address:**

14744 DAY LILY CT  
ORLANDO, FL 32824 UN

**FEI Number:** 88-4036541

**Certificate of Status Desired:** No

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

MOLINA DE CABELLO, DECCY  
14744 DAY LILY CT  
ORLANDO, FL 32824 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            AMBR  
Name            MOLINA DE CABELLO, DECCY  
Address        14744 DAY LILY CT  
City-State-Zip: ORLANDO FL 32824

*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:** MOLINA DE CABELLO DECCY

AMBR

03/13/2024

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

\_\_\_\_\_  
Date