

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000432243

Entity Name: UNIQUE HOMECARE COMPANION AGENCY LLC

Current Principal Place of Business:

5081 20TH CT SW
NAPLES, FL 34116

Current Mailing Address:

5081 20TH CT SW
NAPLES, FL 34116 US

FEI Number: 92-0635359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILISTIN, JOSIE
5081 20TH CT SW
NAPLES, FL 34116 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 FILISTIN, JOSIE
Address 5081 20TH CT SW
City-State-Zip: NAPLES FL 34116

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: JOSIE FILISTIN

OWNER

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date