

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000049805

Entity Name: PRODIGIOUS HOME HEALTH CARE LLC

Current Principal Place of Business:

2303 N US HWY 1
SUITE 12
FORT PIERCE, FL 34946

Current Mailing Address:

2303 N US HWY 1
SUITE 12
FORT PIERCE, FL 34946 US

FEI Number: 92-1974520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDE, DOLORES
2781 NW TREVISO CIR
PORT ST. LUCIE, FL 34986 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 MEDE, DOLORES
Address 2781 NW TREVISO CIR
City-State-Zip: PORT ST. LUCIE FL 34986

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: DOLORES MEDE

CEO

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date