

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000053417

**Entity Name:** SANDRA'S HEART OF CARE LLC

**Current Principal Place of Business:**

1703 SHAD LANE  
KISSIMMEE, FL 34759

**Current Mailing Address:**

1703 SHAD LANE  
KISSIMMEE, FL 34759 US

**FEI Number:** 92-2435626

**Certificate of Status Desired:** No

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

MCMILLAN, KEMISHA  
1703 SHAD LANE  
KISSIMMEE, FL 34759 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            MCMILLAN, KEMISHA  
Address        1703 SHAD LANE  
City-State-Zip: KISSIMMEE FL 34759

Title            AP  
Name            HAWKINS, MARISHA  
Address        1910 NW 69TH TERREACE  
City-State-Zip: MIAMI FL 33147

*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:** KEMISHA MCMILLAN

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date