

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000162448

Entity Name: ZENITH CARE HOME HEALTH LLC

Current Principal Place of Business:

4699 N. ST RD 7 SUITE # J1
TAMARAC, FL 33319

Current Mailing Address:

4699 N. ST RD 7 SUITE # J1
TAMARAC, FL 33319 US

FEI Number: 92-3449272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOEL, MELIANISE
5190 SW 7TH ST
MARGATE, FL 33068 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 MGR
Name NOEL, MELIANISE
Address 5190 SW 7TH ST
City-State-Zip: MARGATE FL 33068

Title VP
Name FUNEUS, JEANNINE
Address 6952 MARION AVE
City-State-Zip: MARGATE FL 33063

Title VP
Name JOSEPH, JEAN GARY
Address 10505 MARSH ST
City-State-Zip: WELLINGTON FL 33414

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: MELIANISE NOEL

MANAGER

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date