

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000230890

**Entity Name:** PROVIDIA HOME CARE, LLC

**Current Principal Place of Business:**

5292 SUMMERLIN COMMONS WAY STE 1102  
FORT MYERS, FL 33907

**Current Mailing Address:**

5292 SUMMERLIN COMMONS WAY STE 1102  
FORT MYERS, FL 33907 US

**FEI Number:** 35-2310899

**Certificate of Status Desired:** No

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

HOLMES FRASER, P.A.  
711 5TH AVE S  
STE 200  
NAPLES, FL 34102 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:** JOHN SILVERFIELD

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MELLEY, CHRISTOPHER A  
Address 5292 SUMMERLIN COMMONS WAY  
STE 1102  
City-State-Zip: FORT MYERS FL 33907

*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:** CHRISTOPHER MELLEY

MGR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date