

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000428324

**Entity Name:** BRAVERY HOME HEALTH LLC

**Current Principal Place of Business:**

245 RIVERSIDE AVE STE 510  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

245 RIVERSIDE AVE STE 510  
JACKSONVILLE, FL 32202 US

**FEI Number:** 93-3603116

**Certificate of Status Desired:** No

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

SMITH HULSEY & BUSEY PROFESSIONAL ASSOCIAT  
ONE INDEPENDENT DR STE 3300  
JACKSONVILLE, FL 32202 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           MANAGER  
Name           EBC HH LLC  
Address        245 RIVERSIDE AVE STE 510  
City-State-Zip: JACKSONVILLE FL 32202

*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:** WILLIAM H. LONG, JR.

**PRESIDENT**

**03/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date