

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001067

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

**Current Principal Place of Business:**

16533 N. STATE HIGHWAY 5  
SUITE 201  
SUNRISE BEACH, MO 65079

**Current Mailing Address:**

16533 N. STATE HIGHWAY 5  
SUITE 201  
SUNRISE BEACH, MO 65079 US

**FEI Number:** 46-1687754

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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 MGRM  
Name WRIGHT, TIMOTHY  
Address 16533 N. STATE HIGHWAY 5  
SUITE 201  
City-State-Zip: SUNRISE BEACH MO 65079

*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:** TIMOTHY WRIGHT

**MEMBER**

**02/18/2019**

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

\_\_\_\_\_  
Date