

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90066 002 \*\*\*143.75

**DOCUMENT # L06000042499**

1. Entity Name  
**SUPREME HOME HEALTH CARE, LLC**



Principal Place of Business  
**8910 MIRAMAR PARKWAY  
STE 315  
MIRAMAR, FL 33025 US**

Mailing Address  
**8910 MIRAMAR PARKWAY  
STE 315  
MIRAMAR, FL 33025 US**

**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-4751263**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, CANUTE  
8910 MIRAMAR PARKWAY  
STE 315  
MIRAMAR, FL 33025**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANDERSON, CANUTE  
13122 SW 30TH STREET  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANDERSON, PETA-ANN  
13122 SW 30TH STREET  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #