

48000153507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

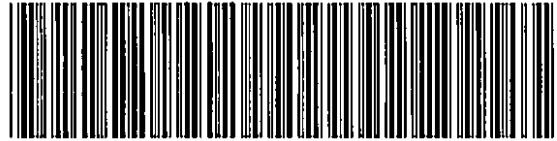
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2018

MANUEL LLANES  
2332 SW 67 AVE  
MIAMI, FL 33155 US

SUBJECT: 1ST ACCREDITED HOME CARE LLC  
Ref. Number: L18000153507

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 518A00014514



2018 AUG 15 PM 12:24  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1ST ACCREDITED HOME CARE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MANUEL LLANES**

Name of Person

**1ST ACCREDITED HOME CARE LLC**

Firm/Company

**2332 SW 67 AVE**

Address

**MIAMI FL 33155**

City/State and Zip Code

**dr.manuelllanes@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ysabel Narro Llanes** at ( **786** ) **2863042**  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: 1st Accredited Home Care LLC
2. (a) 2332 sw 67 Ave Miami FL 33155 (b) Po Box 441499 Miami FL 33144  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 06/22/2018 4. L18000153507  
Date of filing/registration in Florida Document number

5. (a) MANUEL LLANES  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2332 SW 67 AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33155

- (b) ISABEL CHRISTINA LLANES  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

**FILED**  
**2010 AUG 15 AM 10:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

MANUEL LLANES  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**