D

12/7/2020

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000417092 3)))



H200004170923ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

Promi

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

Broome's Caring Hands P.L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

16

natin the words "Limited address of the principal of	Liability Company, "L	L.C.," or "LLC.")
address of the principal of		
The second secon	office of the Limited Li	iability Company is:
ipal Office Address:		Mailing Address:
a 34609		
_	me	
	פונגרו	
	ss (P.O. Box NOT acc	rentable)
		34609
Cly	State	Zip
ite. Thereby accept the app	pointment as registered	above stated limited liability compan lagent and agree to act in Fis capac and complete performance of my duti
		provided for <b>in Oup tr</b> : 605, IS
	a 34609  agent, Registered Office, ny cannot serve as its own active Florida registration address of the registere  Nikki Netisha Beoort  5493 Tabb Ave  Florida street address  Spring Hill  Cly  d agent and to accept serve	a 34609  agent, Registered Office, & Registered Agent on active Florida registration.)  address of the registered agent are:  Nikki Netisha Beoome  Nim  5493 Tabb Ave  Florida street address (P.O. Box NOT acc Spring Hill Florida  Cly State  d agent and to accept service of process for the accept service of the accept service service of the accept service service service service

(CONTINUED)

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

		Name and Address:	
'AMBR" = Autho			
'MGR" = Manag	er		
AMBR		Nikki Netisha Broome	_
		5493 Tabb Ave	_
		Spring Hill., Florida 34609	-
			_
			- -
			-
			_
			_
	<del></del>		_
			-
			_
ctive date is liste	ate, if other than the o	date of filing (OPTIONAL) e specific and cannot be more than five business days prior to or 90	) days a
EV: Effective date is listed filling.) the date inserted	ate, if other than the o	date of filing	
EV: Effective da ective date is listed of filing.) the date inserted ment's effective of EVI: Other provi	ate, if other than the ced, the date must be in this block does not be Departmisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	t be list
EV: Effective da ective date is listed of filing.) the date inserted ment's effective of EVI: Other provi	ate, if other than the ced, the date must be in this block does not be Departmisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.	t be list
EV: Effective da ective date is listed of filing.) the date inserted ment's effective of EVI: Other provi	ate, if other than the ced, the date must be in this block does not be Departmisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.	t be list
EV: Effective date is listed of filing.) the date inserted ment's effective of EVI: Other proving, Notary - CER	ite, if other than the ead, the date must be in this block does nate on the Department isions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.	t be list
EV: Effective da ective date is listed of filing.) the date inserted ment's effective of EVI: Other provi	ite, if other than the ead, the date must be in this block does nate on the Department isions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.	t be list
EV: Effective date is listed of filing.) the date inserted ment's effective of EVI: Other proving, Notary - CER	ite, if other than the ead, the date must be in this block does nate on the Department isions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.	t be list
EV: Effective date is listed of filing.) the date inserted ment's effective of EVI: Other proving, Notary - CER	ate, if other than the old, the date must be in this block does nate on the Department isions, if any.  TIFIED NURSING	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.  GASSISTANT	t be list
EV: Effective date is listed of filing.) the date inserted ment's effective of EVI: Other proving, Notary - CER	ate, if other than the cad, the date must be in this block does no late on the Department isions, if any.  CTIFIED NURSING GNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.  GASSISTANT  a member or an authorized representative of a member.	t be list
EV: Effective date is listed of filing.) the date inserted ment's effective of EVI: Other proving. Notary - CER	in this block does no late on the Department isions, if any.  CTIFIED NURSING  CONATURE:  Signature of a late of a comment is experienced.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.  GASSISTANT	t be list
EV: Effective descrive date is listed filling.) the date inserted ment's effective of EVI: Other provinc. Notary - CER	ate, if other than the ced, the date must be in this block does no date on the Departmisions, if any.  ETIFIED NURSING  CONATURE:  Signature of a first document is exam aware that any	a member or an authorized representative of a member.	t be list
EV: Effective descrive date is listed filling.) the date inserted ment's effective of EVI: Other provinc. Notary - CER	in this block does not the control of the date must be in this block does not the Department is in this block does not the Department is in this document is exam aware that any constitutes a third decorate in the decorate	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egrec felony as provided for in s.817.155, F.S.	t be list
EV: Effective descrive date is listed filling.) the date inserted ment's effective of EVI: Other provinc. Notary - CER	in this block does not the control of the date must be in this block does not the Department is in this block does not the Department is in this document is exam aware that any constitutes a third decorate in the decorate	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State.	t be list