

122000386383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

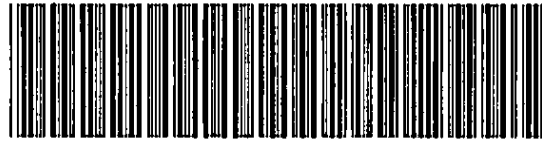
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/27/21--0107--005 \*\*15.00

03/09/23--01082--001 \*\*20.00

FILED  
2023 MAR 6 PM 2:59  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

## COVER LETTER

**TÓ:** Registration Section  
Division of Corporations

**SUBJECT:** WINNER HEALTHCARE 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:

TARA FERRARIE

Name of Person

WINNER HEALTHCARE LLC

Firm/Company

18 MARKET AVENUE SUITE 150

Address

PALM COAST, FL 32164

City/State and Zip Code

TWINNER@HOMEWELLCARESERVICES.COM

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

**For further information concerning this matter, please call:**

TARA FERRARIE

386

681-8193

at ( )

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**

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

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2023

TARA FERRARIE  
18 SUNSET CV  
FLAGLER BEACH, FL 32136

SUBJECT: WINNER HEALTHCARE LLC  
Ref. Number: L22000386383

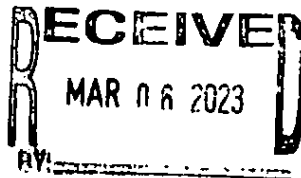
We have received your document for WINNER HEALTHCARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 523A00001717



I have attached additional  
check for \$20 since I already  
paid \$35.00.

**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: WINNER HEALTHCARE LLC
2. (a) WINNER HEALTHCARE LLC  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
18 MARKET AVENUE SUITE 150  
PALM COAST, FL 32164
- (b) WINNER HEALTHCARE LLC  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
18 SUNSET COVE  
FLAGLER BEACH, FL 32136
3. 9/1/2022  
Date of filing/registration in Florida
4. L22000386383  
Document number
5. (a) TARA FERRARIE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
WINNER HEALTHCARE LLC  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
712 S OCEAN SHORE BLVD  
FLAGLER BEACH, FL 32136
- (b) WINNER HEALTHCARE LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
WINNER HEALTHCARE LLC  
NEW Registered Office Address:  
18 MARKET AVENUE SUITE 150  
PALM COAST, FL 32164

2023-09-06 PM 2:59  
FILED  
STATE  
OFFICE, 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.

Tara Ferrarie  
Signature of a member or authorized representative of a member

TARA FERRARIE  
Printed or typed name of signee

*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.*

Tara Ferrarie  
Signature of Registered Agent