

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000010844

**Entity Name:** SUNNY COAST HOME CARE INC.

**Current Principal Place of Business:**

17395 N BAY ROAD  
207  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17395 N. BAY RD.  
207  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 88-0691939

**Certificate of Status Desired:** No

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

LYUBENKOVA, LYUDMYLA  
17145 N. BAY RD.  
4407  
SUNNY ISLES BEACH, FL 33160 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:** LYUDMYLA LYUBENKOVA

01/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name YESAYAN, SONA  
Address 17145 N. BAY RD., APT. 4407  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T, S  
Name LYUBENKOVA, LYUDMYLA  
Address 17145 N. BAY RD., APT. 4407  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name LYUBENKOVA, LYUDMYLA  
Address 17145 N. BAY RD., APT. 4407  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONA YESAYAN

P

01/17/2025

Electronic Signature of Signing Officer/Director Detail

Date