

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096300

Entity Name: LAKE CENTRE HOME CARE, LLC

Current Principal Place of Business:

310 MARKET ST
LEESBURG, FL 34748

Current Mailing Address:

310 MARKET STREET
LEESBURG, FL 34748 US

FEI Number: 20-3575237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER
Name MORGAN, SHELLEY
Address 7708 ISABELLA LN.
City-State-Zip: ODESSA FL 33556

Title MANAGER, AUTHORIZED MEMBER
Name MORGAN, SIDNEY
Address 7708 ISABELLA LN.
City-State-Zip: ODESSA FL 33556

Title AUTHORIZED REPRESENTATIVE
Name GRUNEWALD, SHAYNA
Address 33485 SILVER PINE DR.
City-State-Zip: LEESBURG FL 34788

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIDNEY MORGAN

MGR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date