

**2022 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:** SHAYNA GRUNEWALD

CEO

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date