

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027825

**Entity Name:** LUTHERAN HAVEN CARE AT HOME, LLC

**Current Principal Place of Business:**

2041 WEST STATE ROAD 426  
OVIEDO, FL 32765

**Current Mailing Address:**

2041 WEST STATE ROAD 426  
OVIEDO, FL 32765

**FEI Number: 59-0637873**

**Certificate of Status Desired: No**

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

HEEKIN, JAMES FJR  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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 P, CEO  
Name GRIFFING, JERRY  
Address 2041 WEST STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title CFO  
Name RAY, MICHAEL  
Address 2041 W STATE RD 426  
City-State-Zip: OVIEDO FL 32765

Title SD  
Name HANSELL, GEORGE  
Address 2041 WEST STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title CD  
Name HANAS, SUSAN  
Address 2345 MIKLER ROAD  
City-State-Zip: OVIEDO FL 32765

*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: JERRY GRIFFING**

**CEO**

**03/02/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date