

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094201

**Entity Name:** PLATINUMONE HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

5901 NW 151 ST  
SUITE 107  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5901 NW 151 ST  
SUITE 107  
MIAMI LAKES, FL 33014 US

**FEI Number:** 74-3190528

**Certificate of Status Desired:** No

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

ARGUELLES L, ORNA LELANY L  
5901 NW 151 ST  
SUITE 107  
MIAMI LAKES, FL 33014 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 MGR  
Name ARGUELLES, REYNALDO L  
Address 5901 NW 151 ST  
SUITE 107  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name L. ARGUELLES, LORNA LELANY  
Address 5901 NW 151 ST  
SUITE 107  
City-State-Zip: MIAMI LAKES FL 33014

*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:** REYNALDO ARGUELLES

MGR

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date