

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104352

**Entity Name:** AVENTURA HOME HEALTHCARE, LLC

**Current Principal Place of Business:**

1195 NE 125 STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1195 NE 125 STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 20-5797675

**Certificate of Status Desired:** No

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

GONZALEZ, VIVIAN OMGR  
1635 NW 15TH ST  
MIAMI, FL 33125 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 GONZALEZ, VIVIAN O  
Address 1635 NW 15TH ST  
City-State-Zip: MIAMI FL 33125

*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:** GONZALEZ , VIVIAN O

MGR

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date