

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000060048

Entity Name: ACLARIS HOME HEALTH LLC

Current Principal Place of Business:

7827 N DALE MABRY HWY
STE 103
TAMPA, FL 33614

Current Mailing Address:

7827 N DALE MABRY HWY
STE 103
TAMPA, FL 33614 US

FEI Number: 90-0338511

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALBIZU, CLARISVEL
3302 W SITKA STREET
TAMPA, FL 33614 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
Name ACOSTA ALBIZU, CLARISVEL
Address 3302 W SITKA ST
City-State-Zip: TAMPA FL 33614

Title OWNR
Name LUIS ACOSTA, RAFAEL
Address 8213 WESTRIDGE DRIVE
City-State-Zip: TAMPA FL 33615

Title VP
Name ALBIZO, MIGUEL
Address 7711 N ROME AVENUE
City-State-Zip: TAMPA FL 33604

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: RAFAEL LUIS ACOSTA

OWNER

11/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date