

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103159

Entity Name: MILLENNIUM HOME CARE, LLC**Current Principal Place of Business:**1500 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**Current Mailing Address:**1500 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980 US**FEI Number:** 26-1215419**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLMES, DAVID A
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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 KEARNS, KEVIN
Address 6321 DANIELS PKWY
SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title MGR
Name FOX, BRIAN
Address 6321 DANIELS PKWY
SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title T
Name PAKROSNIS, JEFFREY A
Address 6321 DANIELS PKWY
SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title CEO
Name KEARNS, KEVIN
Address 6321 DANIELS PKWY
SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title CFO
Name BISCARDI, JOSEPH
Address 6321 DANIELS PARKWAY
SUITE 201
City-State-Zip: FORT MYERS FL 33912

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: BRIAN FOX**MANAGER****04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date