## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019738

Entity Name: P & M HOME HEALTH SERVICES LLC

**Current Principal Place of Business:** 

6299 WEST SUNRISE BLVD. 201

SUNRISE, FL 33313

**Current Mailing Address:** 

6299 WEST SUNRISE BLVD.

SUNRISE, FL 33313

FEI Number: 26-2025165 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDO, MORENO 6299 WEST SUNRISE BLVD.

SUNRISE, FL 33313 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

**FILED** Jan 08, 2014

**Secretary of State** 

CC8368038679

## Authorized Person(s) Detail:

Title MGR

Name MORENO, HERNANDO

6299 WEST SUNRISE BLVD. # 201 Address

City-State-Zip: SUNRISE FL 33313

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.