

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019738

**Entity Name:** P & M HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

3801 N UNIVERSITY DR  
STE 317B  
SUNRISE, FL 33351

**Current Mailing Address:**

3801 N UNIVERSITY DR  
STE 317B  
SUNRISE, FL 33351 US

**FEI Number:** 26-2025165

**Certificate of Status Desired:** No

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

HERNANDO, MORENO  
3801 N UNIVERSITY DR STE 317B  
SUNRISE, FL 33351-6317 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 MORENO, HERNANDO  
Address 3801 N UNIVERSITY DR STE 317B  
City-State-Zip: SUNRISE FL 33351-6317

*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:** HERNANDO MORENO

MGR

04/05/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date