## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061209

Entity Name: ALTUS HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:** 

301 NE 2ND DR.

HOMESTEAD, FL 33030

**Current Mailing Address:** 

301 NE 2ND DR.

HOMESTEAD, FL 33030

FEI Number: 26-2886603 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, MARY A 1421 JAY CT HOMESTEAD, FL 33035 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:

Name

Address

Electronic Signature of Registered Agent

Date

Date

**FILED** Feb 25, 2013

**Secretary of State** 

CC3388490671

Authorized Person(s) Detail:

Title MGRM

GARCIA, MARY A

1421 JAY CT

City-State-Zip: HOMESTEAD FL 33035

Title

**MGRM** 

Name Address

CORO, ANA M 5910 SW 94 CT

City-State-Zip:

MIAMI FL 33173

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/25/2013 SIGNATURE: ANA CORO **MGRM**