

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003008

**Entity Name:** HOME STEWARDS HEALTH SERVICES LLC

**Current Principal Place of Business:**

1400 HAND AVENUE  
SUITE P  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P O BOX 730114  
ORMOND BEACH, FL 32173 US

**FEI Number:** 27-0593886

**Certificate of Status Desired:** No

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

KAMAU, PAULINE  
1400 HAND AVENUE  
SUITE P  
ORMOND BEACH, FL 32174 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 MGRM  
Name KAMAU, PAULINE  
Address 1400 HAND AVENUE SUITE P  
City-State-Zip: ORMOND BEACH FL 32174

*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:** PAULINE W KAMAU

MGRM

05/01/2024

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

\_\_\_\_\_  
Date