

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031097

Entity Name: LAMBERT HOME CARE LLC

Current Principal Place of Business:

24708 RED ROBIN DR
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 368194
BONITA SPRINGS, FL 34136 US

FEI Number: 27-2158206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMBERT, JEFF
24708 RED ROBIN DR
BONITA SPRINGS, FL 34135 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	Title	MGRM
Name	LAMBERT, JEFF	Name	TARA, LAMBERT
Address	P.O. BOX 368194	Address	P.O. BOX 368194
City-State-Zip:	BONITA SPRINGS FL 34136	City-State-Zip:	BONITA SPRINGS FL 34136

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: JEFF LAMBERT

MGR

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date