

**2020 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

01/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date