

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145223

**Entity Name:** JEWISH HOME CARE SERVICES OF MIAMI-DADE, LLC

**Current Principal Place of Business:**

4700 NW BOCA RATON BLVD.,  
SUITE 400  
BOCA RATON, FL 33431

**Current Mailing Address:**

4700 NW BOCA RATON BLVD.,  
SUITE 400  
BOCA RATON, FL 33431 US

**FEI Number:** 45-4204944

**Certificate of Status Desired:** No

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

BENSMIHEN, JOSEPH  
4700 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 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 BENSMIHEN, JOSEPH  
Address 17643 BOCAIRE WAY  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name BENSMIHEN, LISA  
Address 17643 BOCAIRE WAY  
City-State-Zip: BOCA RATON FL 33487

*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:** JOSEPH BENSMIHEN

MGRM

04/21/2014

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

\_\_\_\_\_  
Date