

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136250

**Entity Name:** 1ST ACCREDITED HOME CARE, LLC

**Current Principal Place of Business:**

8370 W. FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144

**Current Mailing Address:**

8370 W. FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144

**FEI Number:** 46-1270102

**Certificate of Status Desired:** No

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

LLANES, MANUEL  
8370 W FLAGER ST.  
SUITE 210  
MIAMI, FL 33144 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  
Name LLANES, MANUEL  
Address 4705 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title AMBR  
Name LLANES, ALEXANDRA G  
Address 4750 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title AMBR  
Name LLANES, ISABEL C  
Address 4750 UNIVERSITY DR.  
City-State-Zip: CORAL GABLES FL 33146

*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:** LLANES,MANUEL

MGR

02/12/2015

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

\_\_\_\_\_  
Date