

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000036563

Entity Name: MARSHALL'S HOME HEALTH AIDE, LLC

Current Principal Place of Business:

10331 PALMETTO BAY ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

P. O. BOX 2552
JACKSONVILLE, FL 32203

FEI Number: 46-2766511

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARSHALL, ROSALIND R
10331 PALMETTO BAY ROAD
JACKSONVILLE, FL 32218 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 MARSHALL, ROSALIND R
Address 10331 PALMETTO BAY ROAD
City-State-Zip: JACKSONVILLE FL 32218

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: ROSALIND R MARSHALL

MANAGER

03/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date