

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000041236

Entity Name: AVENIR HOMECARE, LLC

Current Principal Place of Business:

2806 WILD ORCHID COURT
NAPLES, FL 34119

Current Mailing Address:

2806 WILD ORCHID COURT
NAPLES, FL 34119

FEI Number: 46-2320354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVATT, JEFF ESQ.
1415 PANTHER LANE
SUITE 327
NAPLES, FL 34109 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 NIELSEN, GWEN
Address 2806 WILD ORCHID COURT
City-State-Zip: NAPLES FL 34119

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: GWEN NIELSEN

MANAGER

02/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date