

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046154

**Entity Name:** UNITED HOME HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

6187 NW 167TH STREET, UNIT H-15  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

6187 NW 167TH STREET, UNIT H-15  
MIAMI LAKES, FL 33015

**FEI Number:** 26-4166280

**Certificate of Status Desired:** No

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

DIAZ, GRISEL  
8366 SW 37TH STREET  
MIAMI, FL 33155 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 DIAZ, GRISEL  
Address 8366 SW 37  
City-State-Zip: MIAMI FL 33155

*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:** GRISEL DIAZ

**OWNER**

**03/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date