

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079228

**Entity Name:** AG HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

6801 WALLACE RD  
ORLANDO, FL 32819

**Current Mailing Address:**

6801 WALLACE RD  
ORLANDO, FL 32819

**FEI Number:** 46-5675949

**Certificate of Status Desired:** No

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

AMPARO, ANGEL  
6801 WALLACE RD  
ORLANDO, FL 32819 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 AMPARO, ANGEL  
Address 6801 WALLACE RD  
City-State-Zip: ORLANDO FL 32819

Title MGR  
Name GONZALEZ, JOSE  
Address 6801 WALLACE RD  
City-State-Zip: ORLANDO FL 32819

*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:** ANGEL AMPARO

**PRESIDENT**

**01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date