

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079228

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

**Current Principal Place of Business:**

2411 W. SAND LAKE ROAD  
SUITE G  
ORLANDO, FL 32809

**Current Mailing Address:**

2411 W. SAND LAKE ROAD  
SUITE G  
ORLANDO, FL 32809 US

**FEI Number:** 46-5675949

**Certificate of Status Desired:** No

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

AMPARO, ANGEL  
2411 W. SAND LAKE ROAD  
SUITE G  
ORLANDO, FL 32809 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 2411 W. SAND LAKE ROAD  
SUITE G  
City-State-Zip: ORLANDO FL 32809

Title MGR  
Name GONZALEZ, JOSE  
Address 2411 W. SAND LAKE ROAD  
SUITE G  
City-State-Zip: ORLANDO FL 32809

*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

**MANAGER**

**01/29/2021**

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

\_\_\_\_\_  
Date