

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175436

Entity Name: ANDORS HOME HEALTH CARE LLC

Current Principal Place of Business:

11715 PERSIMMON BLVD
WEST PALM BEACH, FL 33411

Current Mailing Address:

11715 PERSIMMON BLVD
WEST PALM BEACH, FL 33411 US

FEI Number: 47-2324056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULLINGS, ANTHONY
11715 PERSIMMON BLVD
WEST PALM BEACH, FL 33411 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 MULLINGS, ANTHONY
Address 11715 PERSIMMON BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title MGR
Name MULLINGS, DOROTHY M
Address 11715 PERSIMMON BLVD
City-State-Zip: WEST PALM BEACH FL 33411

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: ANTHONY MULLINGS

MANAGER

01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date