

**2023 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**

**01/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date