

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175436

Entity Name: ANDORS HOME HEALTH CARE LLC

Current Principal Place of Business:

6153 SEVEN SPRINGS BLVD.
GREEN ACRES, FL 33463

Current Mailing Address:

6153 SEVEN SPRINGS BLVD.
GREEN ACRES, FL 33463

FEI Number: 47-2324056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULLINGS, ANTHONY
6153 SEVEN SPRINGS BLVD.
GREEN ACRES, FL 33463 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 6153 SEVEN SPRINGS BLVD.
City-State-Zip: GREEN ACRES FL 33463

Title MGR
Name MULLINGS, DOROTHY M
Address 6153 SEVEN SPRINGS BLVD.
City-State-Zip: GREEN ACRES FL 33463

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

04/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date