

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000135500

Entity Name: NILDAS HOME CARE LLC

Current Principal Place of Business:

1326 SW 90TH STREET
GAINESVILLE, FL 32607

Current Mailing Address:

1326 SW 90TH STREET
GAINESVILLE, FL 32607 US

FEI Number: 47-4767364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PYE, THOMAS G
3909 W NEWBERRY RD
SUITE C
GAINESVILLE, FL 32607 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 JOHNSON, DANIEL A
Address 1326 SW 90TH STREET
City-State-Zip: GAINESVILLE FL 32607

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: DANIEL JOHNSON

MGR.

03/11/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date