## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005470

Entity Name: BHM HOME HEALTH, LLC

**Current Principal Place of Business:** 

8461 LAKE WORTH RD., SUITE 1-229

LAKE WORTH, FL 33467

**Current Mailing Address:** 

8461 LAKE WORTH RD., SUITE 1-229

LAKE WORTH, FL 33467 US

FEI Number: 81-1083314 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROSE, JOSEPH H ESQ. 487 E TENNESSEE STREET SUITE 1 TALLAHASSSE, FL 33301 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

FILED Feb 26, 2025

**Secretary of State** 

6825289425CC

## Authorized Person(s) Detail:

Title MGR

Name GROPPER, BRUCE

Address 8461 LAKE WORTH RD.,

**SUITE 1-229** 

City-State-Zip: LAKE WORTH FL 33467

SIGNATURE: BRUCE GROPPER

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.

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED MEMBER

02/26/2025

Date