

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000020751

**Entity Name:** BAHIA HOME CARE L.L.C.

**Current Principal Place of Business:**

8011 N HIMES AVE  
SUITE 1  
TAMPA, FL 33614

**Current Mailing Address:**

8011 N HIMES AVE  
SUITE 1  
TAMPA, FL 33614 US

**FEI Number:** 81-1349853

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HERNANDEZ GONZALEZ, ORNIEL  
5021 CARDIFF DR  
HOLIDAY, FL 34690 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            AMBR  
Name            HERNANDEZ GONZALEZ, ORNIEL  
Address        5021 CARDIFF DR  
City-State-Zip: HOLIDAY FL 34690

Title            MGR  
Name            AZCANIO, YANIA  
Address        5021 CARDIFF DR  
City-State-Zip: HOLIDAY FL 34690

*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:** ORNIEL HERNANDEZ GONZALEZ

**DIRECTOR**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date