

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080477

**Entity Name:** TECHNI-PRO HOME HEALTH CARE LLC

**Current Principal Place of Business:**

414 NW 35TH ST  
BOCA RATON, FL 33431

**Current Mailing Address:**

414 NW 35TH ST  
BOCA RATON, FL 33431 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HYPPOLITE, GILBERT  
414 NW 35TH ST  
BOCA RATON, FL 33431 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 HYPPOLITE, GILBERT  
Address 414 NW 35TH ST  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name HYPPOLITE, GILBERT  
Address 414 NW 35TH ST  
City-State-Zip: BOCA RATON FL 33431

Title AMBR  
Name POUYE, MARIETOU  
Address 414 NW 35TH ST  
City-State-Zip: BOCA RATON FL 33431

*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:** GILBERT HYPPOLITE

**PRESIDENT**

**03/12/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date