

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000100463

**Entity Name:** ABSOLUTE HOME HEALTH TRAINING CENTER, LLC

**Current Principal Place of Business:**

3600 S STATE ROAD 7  
334  
MIRAMAR, FL 33023

**Current Mailing Address:**

3600 S STATE ROAD 7  
334  
MIRAMAR, FL 33023 US

**FEI Number:** 81-2804909

**Certificate of Status Desired:** No

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

RELIFORD, ATISHA  
3600 S STATE ROAD 7  
334  
MIRAMAR, FL 33023 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:** ATISHA RELIFORD

09/24/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name RELIFORD, ATISHA  
Address 3600 S STATE ROAD 7  
334  
City-State-Zip: MIRAMAR FL 33023

*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:** GENE RELIFORD

CFO

09/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date