

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000100463

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

**Current Principal Place of Business:**

5463 N STATE ROAD 7  
TAMARAC, FL 33319

**Current Mailing Address:**

5463 N STATE ROAD 7  
TAMARAC, FL 33319 US

**FEI Number: 81-2804909**

**Certificate of Status Desired: No**

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

RELIFORD, ATISHA  
5463 N STATE ROAD 7  
TAMARAC, FL 33319 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

06/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name RELIFORD, ATISHA  
Address 5463 N STATE ROAD  
City-State-Zip: TAMARAC FL 33319

*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:** ATISHA RELIFORD

**OWNER**

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date