

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000119855

**Entity Name:** LOUISA'S FAMILY HOME CARE, LLC

**Current Principal Place of Business:**

6301 FALLS CIRCLE DR., #110  
LAUDERHILL, FL 33319

**Current Mailing Address:**

6301 FALLS CIRCLE DR., #110  
LAUDERHILL, FL 33319 US

**FEI Number:** 81-3093099

**Certificate of Status Desired:** No

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

PERICLES, LOUISIANE  
6301 FALLS CIRCLE DR., #110  
LAUDERHILL, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PERICLES, LOUISIANE  
Address 6301 FALLS CIRCLE DR., #110  
City-State-Zip: LAUDERHILL 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:** LOUISIANE PERICLES

**OWNER**

**04/13/2018**

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

\_\_\_\_\_  
Date