

2019 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

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date