

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152682

Entity Name: ALEXA HOME CARE, LLC**Current Principal Place of Business:**2445 LANE PARK ROAD
TAVARES, FL 32778-9660**Current Mailing Address:**2445 LANE PARK ROAD
TAVARES, FL 32778-9660 US**FEI Number:** 81-3183408**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACUFF, KARL D. ESQ.
LAW OFFICES OF KARL DAVID ACUFF
1615 VILLAGE SQUARE BOULEVARD SUITE 2
TALLAHASSEE, FL 32309-2770 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:** KARL D. ACUFF**03/10/2021**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MEMB
Name	LEE, CHARLES O	Name	CORNERSTONE HEALTH SERVICES, INC
Address	2445 LANE PARK ROAD	Address	2445 LANE PARK ROAD
City-State-Zip:	TAVARES FL 32778-9660	City-State-Zip:	TAVARES FL 32778-9660

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: CHARLES O. LEE**MANAGER****03/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date