

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000205597

**Entity Name:** WHITE CAPS HOME HEALTHCARE, LLC

**Current Principal Place of Business:**

151 LEPORT DRIVE  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

151 LEPORT DRIVE  
PENSACOLA BEACH, FL 32561

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIMS, TAMALA M  
151 LEPORT DRIVE  
PENSACOLA BEACH, FL 32561 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            AMBR  
Name            SIMS, TAMALA M  
Address        151 LEPORT DRIVE  
City-State-Zip: PENSACOLA BEACH FL 32561

Title            AMBR  
Name            SIMS, ROSEMARY E  
Address        151 LEPORT DRIVE  
City-State-Zip: PENSACOLA BEACH FL 32561

Title            AMGR  
Name            SIMS, TAMALA C  
Address        151 LEPORT DRIVE  
City-State-Zip: PENSACOLA BEACH FL 32561

*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:** TAMALA M. SIMS

AMGR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date