

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000414

Entity Name: INFINITI CARE HOME HEALTH SERVICES, LLC**Current Principal Place of Business:**840 US HIGHWAY 1
SUITE #435C
NORTH PALM BEACH, FL 33408**Current Mailing Address:**840 US HIGHWAY 1
SUITE #435C
NORTH PALM BEACH, FL 33408 US**FEI Number:** 84-2621121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTHERLAND, ALYIAH
840 US HIGHWAY 1
SUITE #435C
NORTH PALM BEACH, FL 33408 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:** ALYIAH SUTHERLAND

04/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name SUTHERLAND, AYANNA B
Address 840 US HIGHWAY 1
SUITE #435C
City-State-Zip: NORTH PALM BEACH FL 33408

Title CFO
Name SUTHERLAND, ANAIAH
Address 840 US HIGHWAY 1
SUITE #435C
City-State-Zip: NORTH PALM BEACH FL 33408

Title AUTHORIZED MEMBER
Name SUTHERLAND, ALYIAH
Address 840 US HIGHWAY 1
SUITE #435C
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP
Name MARION, ANTHONY
Address 840 US HIGHWAY 1
SUITE #435C
City-State-Zip: NORTH PALM BEACH FL 33408

Title AUTHORIZED MEMBER
Name JACKSON, GENESIS
Address 840 US HIGHWAY 1
SUITE #435C
City-State-Zip: NORTH PALM BEACH FL 33408

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: AYANNA BABCOCK SUTHERLAND

CEO

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date