

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000222326

Entity Name: ABLE HOME HEALTH CARE LLC

Current Principal Place of Business:

16 TAYLOR PLACE
WESTPORT , CT 06880

Current Mailing Address:

16 TAYLOR PLACE
WESTPORT , CT 06880 US

FEI Number: 35-2380284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 N CALHOUN ST. STE 4
TALLAHASSEE, FL 32301 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: ANGELA LUCIA

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ZEPPERINICK, JAIME
Address 16 TAYLOR PLACE
City-State-Zip: WESTPORT CT 06880

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: ZEPPERINICK , JAIME

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date