

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000139105

**Entity Name:** DILIGENCE HOME CARE LLC

**Current Principal Place of Business:**

8270 WOODLAND CENTER BLVD  
TAMPA, FL 33614

**Current Mailing Address:**

8270 WOODLAND CENTER BLVD  
TAMPA, FL 33614 US

**FEI Number:** 83-0855879

**Certificate of Status Desired:** No

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

MEKONEN, BINIAM M  
11754 CASA LAGO LN  
APT 202  
TAMPA , FL 33626 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:** BINIAM MEKONEN

04/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                     |
|-----------------|-------------------------------|-----------------|---------------------|
| Title           | AMBR                          | Title           | AMBR                |
| Name            | MEKONEN, BINIAM               | Name            | LOPEZ, DYLAN        |
| Address         | 11754 CASA LAGO LN<br>APT 202 | Address         | 6149 CLIFF HOUSE LN |
| City-State-Zip: | TAMPA FL 33626                | City-State-Zip: | RIVERVIEW FL 33578  |

*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:** BINIAM MEKONEN

**PRESIDENT**

04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date