

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000140207

Entity Name: EXCEL COMMUNITY FAMILY HOMECARE LLC

Current Principal Place of Business:

3410 DALE ST
FORT MYERS, FL 33916

Current Mailing Address:

P.O.BOX 50815
FORT MYERS, FL 33994 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, KIMBERLY
3410 DALE ST
FORT MYERS, FL 33916 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 PRES
Name THOMAS, KIMBERLY
Address 3410 DALE ST
City-State-Zip: FORT MYERS FL 33916

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: KIMBERLY THOMAS

PRESIDENT

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date