

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000249187

**Entity Name:** NEO HOME HEALTH CARE LLC

**Current Principal Place of Business:**

1203 MILAN STREET  
NORTH PORT, FL 34286

**Current Mailing Address:**

1203 MILAN STREET  
NORTH PORT, FL 34286

**FEI Number:** 83-2186771

**Certificate of Status Desired:** Yes

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

MCKEE, CORNELIUS M  
1203 MILAN STREET  
NORTH PORT, FL 34286 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 CEO  
Name MCKEE, GRACE  
Address 1203 MILAN STREET  
City-State-Zip: NORTH PORT FL 34286

Title ADMINISTRATOR  
Name MCKEE, CORNELIUS M  
Address 1203 MILAN STREET  
City-State-Zip: NORTH PORT FL 34286

*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:** CORNELIUS M MCKEE

**ADMINISTRATOR**

**04/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date