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

Electronic Signature of Signing Authorized Person(s) Detail

ADMINISTRATOR

01/25/2024

DOCUMENT# L18000249187

Entity Name: NEO HOME HEALTH CARE LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

203 DEN HELDER AVE ELLENTON, FL 34222

Current Mailing Address:

203 DEN HELDER AVE ELLENTON, FL 34222 US

FEI Number: 83-2186771

Name and Address of Current Registered Agent:

MCKEE, CORNELIUS M 203 DEN HELDER AVE ELLENTON, FL 34222 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	: CORNELIUS M MCKEE			01/25/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	ADMINISTRATOR	
Name	MCKEE, GRACE	Name	MCKEE, CORNELIUS M	
Address	203 DEN HELDER AVE	Address	203 DEN HELDER AVE	
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ELLENTON FL 34222	

Certificate of Status Desired: Yes

FILED Jan 25, 2024 Secretary of State 3016782049CC

Date