2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jan 31, 2022
Secretary of State
3631132543CC

DOCUMENT# L19000040746

Entity Name: COMPLETE HOME CARE OF NORTH FL LLC

Current Principal Place of Business:

33 SMITH CIR., #25
GRETNA, FL 32332

Current Mailing Address:

P.O. BOX 1077
GRETNA, FL 32332 US

FEI Number: 83-4422715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTACRUZ, CARLOS
33 SMITH CIR., #25
GRETNA, FL 32332 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: CARLOS SANTACRUZ 01/31/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	SANTACRUZ, CARLOS	Name	TIJE , JUAN LUIS
Address	33 SMITH CIR., #25	Address	15 PATTON ST
City-State-Zip:	GRETNA FL 32332	City-State-Zip:	QUINCY FL 32351

Title	AUTHORIZED MEMBER
Name	MARTINEZ , ALBERTO
Address	1170 SPOONER RD
City-State-Zip:	QUINCY FL 32351

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: CARLOS SANTACRUZ OWNER 01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date