## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000040746

Entity Name: COMPLETE HOME CARE OF NORTH FL LLC

**Current Principal Place of Business:** 

408 DUPONT AVE QUINCY, FL 32351

**Current Mailing Address:** 

**408 DUPONT AVE** QUINCY, FL 32351 US

FEI Number: 83-4422715 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANTACRUZ, CARLOS **408 DUPONT AVE** QUINCY, FL 32351 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 09/27/2023

Electronic Signature of Registered Agent

Date

**FILED** Sep 27, 2023

**Secretary of State** 

4758879096CR

## Authorized Person(s) Detail:

Title MGR

Name SANTACRUZ, CARLOS Address **408 DUPONT AVE** 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

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

09/27/2023