

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000167291

Entity Name: ORYOL HOME HEALTH, LLC.**Current Principal Place of Business:**9600 NW 25TH ST
STE 2C
DORAL, FL 33172**Current Mailing Address:**9600 NW 25TH ST
SUITE 2C
DORAL, FL 33172 US**FEI Number:** 84-2385972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURON HERNANDEZ, ADIRENYS
3205 SW 106TH AVE
MIAMI, FL 33165 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:** ADIRENYS BURON HERNANDEZ

04/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	BURON HERNANDEZ, ADIRENYS	Name	ROMERO ESPINOSA, MANUEL J
Address	3205 SW 106 AVENUE	Address	3205 SW 106 AVENUE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: ADIRENYS BURON HERNANDEZ

MANAGER

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date