

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000180959

**Entity Name:** ANGELS FAMILY HOME HEALTHCARE LLC**Current Principal Place of Business:**3350 SW 148TH AVE, SUITE 110  
MIRAMAR, FL 33027**Current Mailing Address:**3350 SW 148TH AVE, SUITE 110  
MIRAMAR, FL 33027 US**FEI Number:** 84-2529930**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANGELBELLO, MARLEN D  
581 SW 102ND TER  
UNIT 108  
PEMBROKE PINES, FL 33025 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	AMBR	Title	AMBR
Name	ANGELBELLO HERNANDEZ, MARLEN D	Name	ANGELBELLO, ILEANA M
Address	581 SW 102ND TER UNIT 108	Address	11250 SW 44TH ST 1202
City-State-Zip:	PEMBROKE PINES FL 33025	City-State-Zip:	MIRAMAR FL 33025

*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:** ILEANA M ANGELBELLO

CEO

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date