

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000005678

**Entity Name:** SINAI HOME HEALTHCARE, LLC

**Current Principal Place of Business:**

4851 NW 103RD AVE  
55E  
SUNRISE, FL 33351

**Current Mailing Address:**

4851 NW 103RD AVE  
55E  
SUNRISE, FL 33351 US

**FEI Number:** 84-3930878

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LESS-CHUNG, SHARRON  
7887 HAMPTON BLVD  
NORTH LAUDERDALE, FL 33068 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:** SHARRON LESS-CHUNG

02/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	LESS CHUNG, SHARRON	Name	FLETCHER, INKA
Address	7887 HAMPTON BLVD	Address	11695 NW 2ND ST
City-State-Zip:	NORTH LAUDERDALE FL 33068	City-State-Zip:	PLANTATION FL 33325

*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:** INKA FLETCHER

AMBR

02/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date