

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000038630

Entity Name: BELVEDERM HOME HEALTH AIDES LLC

Current Principal Place of Business:

5217 MCCARTY ST
NAPLES, FL 34113

Current Mailing Address:

5217 MCCARTY ST
NAPLES, FL 34113

FEI Number: 84-4813704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOEL, CJ
2800 DAVIS BLVD
SUITE 208
NAPLES, FL 34104 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 MGR
Name AUGUSTE, MARIE FRANCOIS E
Address 5217 MCCARTY ST
City-State-Zip: NAPLES FL 34113

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: MARIE FRANCOIS E AUGUSTE

MGR

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date