

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000113706

**Entity Name:** LETS STAY HOME HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

4910 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4910 NORTH MONROE STREET  
H208  
TALLAHASSEE, FL 32303 US

**FEI Number:** 85-0832581

**Certificate of Status Desired:** Yes

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

SINGLETON, ADRIENNE M  
4910 NORTH MONROE STREET  
H208  
TALLAHASSEE, FL 32303 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:** ADRIENNE M SINGLETON

03/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SINGLETON, ADRIENNE  
Address        4910 NORTH MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32303

*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:** ADRIENNE SINGLETON

OWNER

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date