

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000151728

Entity Name: INTEGRATED HOME HEALTH SOLUTIONS LLC

Current Principal Place of Business:

2987 RIDERS PASS
ODESSA, FL 33556

Current Mailing Address:

2987 RIDERS PASS
ODESSA, FL 33556 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, MADONNA
2987 RIDERS PASS
ODESSA, FL 33556 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
Name WILLIAMS, MADONNA
Address 1909 RANCH ESTATE DRIVE
City-State-Zip: ORLANDO FL 32825

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: MADONNA WILLIAMS

PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date