

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000187037

**Entity Name:** SBHS ELDERCARE SERVICES, LLC

**Current Principal Place of Business:**

16281 SW 286 STREET  
HOMESTEAD, FL 33033

**Current Mailing Address:**

16281 SW 286 STREET  
HOMESTEAD, FL 33033 US

**FEI Number: 85-1904738**

**Certificate of Status Desired:** Yes

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

WHIPPLE, TOCOVIA  
100 NE 15TH STREET  
SUITE 103B  
HOMESTEAD, FL 33030 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:** TOCOVIA WHIPPLE

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name WHIPPLE, TOCOVIA  
Address 100 NE 15TH STREET, SUITE 103B  
City-State-Zip: HOMESTEAD FL 33030

*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:** TOCOVIA CALDERON WHIPPLE

P

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date