

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000291692

**Entity Name:** ABSOLUTE HOME HEALTH III LLC

**Current Principal Place of Business:**

1813 SHORE DRIVE  
SUITE 3  
SOUTH PASADENA, FL 33707

**Current Mailing Address:**

1813 SHORE DRIVE  
SUITE 3  
SOUTH PASADENA, FL 33707 US

**FEI Number:** 85-3039017

**Certificate of Status Desired:** No

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

KAMGA, ETHEL  
1813 SHORE DRIVE  
SUITE 3  
SOUTH PASADENA, FL 33707 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:** ETHEL KAMGA

03/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAMGA, ETHEL M  
Address 1813 SHORE DRIVE SUITE 3  
City-State-Zip: SOUTH PASADENA FL 33707

*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:** ETHEL KAMGA

ADMINISTRATOR

03/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date