2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2024
Secretary of State
8695440824CC

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Entity Name: TRUSTED HOME CARE AGENCY SERVICES, LLC

Current Principal Place of Business:

6750 N. ANDREWS AVE.
SUITE 203, OFFICE 2113
FT. LAUDERDALE, FL 33309

Current Mailing Address:

1200 S. ROGERS CIRCLE, STE 4
BOCA RATON, FL 33487 US

FEI Number: 84-4132740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLONSKY, BRYAN
1200 S. ROGERS CIRCLE STE 4
BOCA RATON, FL 33487 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	Title	MGR
Name	PLONSKY, BRYAN	Name	WOLFE Y, STEPHEN
Address	1200 S. ROGERS CIRCLE, STE 4	Address	1200 S. ROGERS CIRCLE, STE 4
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

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: BRYAN PLONSKY MGR 04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date