2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
1059861456CC

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Entity Name: SUPPORT LONGEVITY HOME CARE LLC

Current Principal Place of Business:

6135 NW GINGER LANE
PORT ST LUCIE, FL 34986

Current Mailing Address:

6135 NW GINGER LANE
PORT ST LUCIE, FL 34986

FEI Number: 86-2780557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, DENNISE C
6135 NW GINGER LANE
PORT ST LUCIE, FL 34986 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	AP
Name	MORRIS, DENNISE C	Name	MORRIS, MATTHEW C
Address	6135 NW GINGER LANE	Address	6135 NW GINGER LANE
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986

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: DENNISE MORRIS OWNER 04/23/2025

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