

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000110461

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

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

Title	AMBR
Name	MCLEGGAN, DOROTHY M
Address	4683 MARTHA LOUISE DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417

Title	AP
Name	MORRIS, DENNISE C
Address	6135 NW GINGER LANE
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

MGR

02/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date