

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000179740

**Entity Name:** UNLIMITED HOME HEALTH AGENCY LLC

**Current Principal Place of Business:**

14625 NW 11 CT  
MIAMI, FL 33168

**Current Mailing Address:**

14625 NW 11 CT  
MIAMI, FL 33168

**FEI Number:** 87-1405056

**Certificate of Status Desired:** No

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

FILS-AIME, JENNIFER  
14625 NW 11 CT  
MIAMI, FL 33168 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            PRESIDENT  
Name            FILS-AIME, JENNIFER  
Address        14625 NW 11 CT  
City-State-Zip: MIAMI FL 33168

*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:** JENNIFER FILS-AIME

PRESIDENT

04/29/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date