

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000240134

**Entity Name:** ARBOR HOME HEALTH CARE, LLC**Current Principal Place of Business:**1406 SE 46TH LANE, #3  
CAPE CORAL, FL 33904**Current Mailing Address:**1406 SE 46TH LANE, #3  
CAPE CORAL, FL 33904 US**FEI Number:** 87-0854598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALERO, DAIMARI  
623 NW 2ND TER  
CAPE CORAL, FL 33993 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	VALERO, DAIMARI
Address	623 NW 2ND TERR
City-State-Zip:	CAPE CORAL FL 33993

Title	AR
Name	FARMER, JOANN
Address	12621 EAGLE ROAD
City-State-Zip:	CAPE CORAL FL 33909

Title	AR
Name	PORRAS, MARCOS
Address	422 SW 2ND TERR
City-State-Zip:	CAPE CORAL FL 33991

*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:** JOANN FARMER

AR

01/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date