**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**May 19, 2025**
**Secretary of State**
**7654593195CC**

DOCUMENT# L21000242592

**Entity Name:** BRAVE HOME CARE, LLC

**Current Principal Place of Business:**

533 N NOVA RD STE 215
ORMOND BEACH, FL 32174-4447

**Current Mailing Address:**

533 N NOVA RD STE 215
ORMOND BEACH, FL 32174-4447 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** Yes

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

THOMAS, TEMPERANCE M
533 N NOVA RD STE 215
ORMOND BEACH, FL 32174-4447 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 | AMGR, AUTHORIZED MEMBER |
| Name | THOMAS, TEMPERANCE M |
| Address | 533 N NOVA RD STE 215 |
| City-State-Zip: | ORMOND BEACH FL 32174-4447 |

*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: TEMPERANCE M THOMAS — AMGR, AUTHORIZED MEMBER — 05/19/2025

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