

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000277614

**Entity Name:** SALVATION HOME CARE LLC

**Current Principal Place of Business:**

1010 BRYNLOR LANE  
ORLANDO, FL 32818

**Current Mailing Address:**

1010 BRYNLOR LANE  
ORLANDO, FL 32818

**FEI Number: 87-1201642**

**Certificate of Status Desired: No**

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

EXILUS, MARIE M  
1010 BRYNLOR LANE  
ORLANDO, FL 32818 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 EXILIS, MARIE M  
Address 1010 BRYNLOR LANE  
City-State-Zip: ORLANDO FL 32818

*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: MARIE EXILIS**

**MGR**

**04/28/2023**

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

\_\_\_\_\_  
Date