

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000348159

**Entity Name:** BLUE VISTA HOME HEALTH, LLC

**Current Principal Place of Business:**

12 SE 8TH ST  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

12 SE 8TH ST  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 36-4616797

**Certificate of Status Desired:** No

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

NXPATh LLC  
12 SE 8TH STREET  
FORT LAUDERDALE, FL 33316 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:** ANDREW SHOOK

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NXPATh LLC  
Address 12 SE 8TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** ANDREW SHOOK

CEO

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date