

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000369500

**Entity Name:** MIAMI SPECIAL HOME CARE, LLC

**Current Principal Place of Business:**

1335 NW 98TH CT  
UNIT 5  
DORAL, FL 33172

**Current Mailing Address:**

8415 SW 107 AVE #235 W  
MIAMI, FL 33173 US

**FEI Number:** 87-2249826

**Certificate of Status Desired:** No

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

VAZQUEZ, SUSANA  
8415 SW 107 AVE #235 W  
MIAMI, FL 33173 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            AMBR  
Name            VAZQUEZ, SUSANA  
Address        8415 SW 107 AVE #235 W  
City-State-Zip: MIAMI FL 33173

*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:** SUSANA VAZQUEZ

AMBR

01/15/2024

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

\_\_\_\_\_  
Date