

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000446116

**Entity Name:** WARREN-HESTER HOME CARE AGENCY LLC.

**Current Principal Place of Business:**

4620-15TH AVENUE SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

1127-22ND STREET SOUTH  
SUITE B  
ST. PETERSBURG, FL 33712 US

**FEI Number:** 83-0792930

**Certificate of Status Desired:** Yes

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

WARREN-HESTER, DORIS L  
1209 13TH AVE S  
ST PETERSBURG, FL 33705 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            CEO  
Name            WARREN-HESTER, DORIS LYNETTE  
Address        1127-22ND STREET SOUTH  
                  SUITE B  
City-State-Zip: ST. PETERSBURG FL 33712

*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:** DORIS WARREN-HESTER

CEO

02/12/2024

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

\_\_\_\_\_  
Date