

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000512152

**Entity Name:** A LOVING HAND FACILITY CARE LLC

**Current Principal Place of Business:**

554 NW KILPATRICK AVE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

2695 N MILITARY TRL  
STE 24  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 00-0004282

**Certificate of Status Desired:** No

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

GLOBAL SERVICES CENTER LLC  
2695 N MILITARY TRL  
STE 24  
WEST PALM BEACH, FL 33409 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 BRUNO, RONEZE  
Address 4826 ANDROS DR.  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name BRUNO, FRANCIS  
Address 4826 ANDROS DR.  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** FRANCIS BRUNO

MGR

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date