2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
4200470932CC

DOCUMENT# L22000164166

Entity Name: VALRIE'S HOME CARE LLC

Current Principal Place of Business:

577 SE NOME DR
PORT ST LUCIE, FL 34984

Current Mailing Address:

577 SE NOME DR
PORT ST LUCIE, FL 34984

FEI Number: 88-1606839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, VALRIE
577 SE NOME DR
PORT ST LUCIE, FL 34984 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	WILSON, VALRIE
Address	577 SE NOME DR
City-State-Zip:	PORT ST LUCIE FL 34984

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: VALRIE WILSON MGR 04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date