

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000457887

Entity Name: EMPOWER HOME HEALTH LLC

Current Principal Place of Business:

8051 N. TAMIAMI TRAIL STE E6
SARASOTA, FL 34243

Current Mailing Address:

8051 N. TAMIAMI TRAIL STE E6
SARASOTA, FL 34243 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CINDY'S FLORIDA LLC
8051 N. TAMIAMI TRAIL SUITE E6
SARASOTA, FL 34243 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 EMPOWER GROUP, LLC
Address 1309 COFFEEN AVENUE STE 1200
City-State-Zip: SHERIDAN WY 82801

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: EMPOWER GROUP, LLC

AMBR

04/13/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date