# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000478217

Entity Name: NOVA COMPANION AND HOME CARE SERVICES LLC

FILED
Jan 03, 2024
Secretary of State
2663691840CC

### **Current Principal Place of Business:**

1403 DUNN AVENUE SUITE 2 #102 JACKSONVILLE, FL 32218

# **Current Mailing Address:**

1403 DUNN AVENUE SUITE 2 #102 JACKSONVILLE, FL 32218

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

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

ALBERTIE, RONISHA N 1403 DUNN AVENUE SUITE 2 #102 JACKSONVILLE, FL 32218 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 ALBERTIE, RONISHA N Address 1403 DUNN AVENUE

SUITE 2 #102

City-State-Zip: JACKSONVILLE FL 32218

SIGNATURE: RONISHA ALBERTIE

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.

**AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

01/03/2024