

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000175243

**Entity Name:** S.A. HOME CARE LLC

**Current Principal Place of Business:**

20221 SW 112 CT  
MIAMI, FL 33189

**Current Mailing Address:**

20221 SW 112 CT  
MIAMI, FL 33189

**FEI Number:** 92-3474859

**Certificate of Status Desired:** No

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

LAVILLA, SANDRA  
20221 SW 112 CT  
MIAMI, FL 33189 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	Title	MGR
Name	LAVILLA, SANDRA	Name	GONZALEZ PEREIRA, ALCIDE
Address	20221 SW 112 CT	Address	20221 SW 112 CT
City-State-Zip:	MIAMI FL 33189	City-State-Zip:	MIAMI FL 33189

*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:** SANDRA LAVILLA

**MGR**

**03/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date