

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000205904

**Entity Name:** MONICA'S HOME HEALTH CARE LLC

**Current Principal Place of Business:**

2406 LISA STREET  
LAKE WALES, FL 33898

**Current Mailing Address:**

2406 LISA STREET  
LAKE WALES, FL 33898 US

**FEI Number:** 92-3817321

**Certificate of Status Desired:** No

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

PERSAUD, NEER  
422 LAKE DAISY DR  
WINTER HAVEN, FL 33884 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 PRIDE, MONICA  
Address 2406 LISA ST  
City-State-Zip: LAKE WALES FL 33898

*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:** MONICA PRIDE

MGR

04/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date