

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000238361

**Entity Name:** M & E HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

5741 SW 54TH AVE  
DAVIE, FL 33314

**Current Mailing Address:**

5741 SW 54TH AVE  
DAVIE, FL 33314 US

**FEI Number:** 93-1375235

**Certificate of Status Desired:** No

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

NUNEZ BELLO, MAYDA E  
5741 SW 54TH AVE  
DAVIE, FL 33314 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            NUNEZ BELLO, MAYDA E  
Address        5741 SW 54TH AVE  
City-State-Zip: DAVIE FL 33314

Title            AMBR  
Name            PEREZ RIVERO, EDUARDO  
Address        5741 SW 54TH AVE  
City-State-Zip: DAVIE FL 33314

*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:** MAYDA E NUNEZ BELLO

AMBR

02/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date