

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000304831

Entity Name: ABLE CARE HOME HEALTH LLC

Current Principal Place of Business:

6412 N UNIVERSITY DRIVE
SUITE 108
TAMARAC, FL 33321

Current Mailing Address:

6412 N UNIVERSITY DRIVE
SUITE 108
TAMARAC, FL 33321 US

FEI Number: 93-3800224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWSON, JUDY M
10359 NW 17TH ST.
CORAL SPRINGS, FL 33071 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 LAWSON, JUDY M
Address 10359 NW 17TH ST.
City-State-Zip: CORAL SPRINGS FL 33071

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: JUDY M LAWSON

OWNER

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date