

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000103093

**Entity Name:** AT HOME HEALTH LLC

**Current Principal Place of Business:**

1702 W SAINT ISABEL STREET  
SUITE # 1  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 22276  
TAMPA, FL 33622 US

**FEI Number:** 99-1687955

**Certificate of Status Desired:** No

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

FOSTER, ELIZABETH  
1702 W SAINT ISABEL STREET  
TAMPA, FL 33607 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 FOSTER, ELIZABETH  
Address 1702 W SAINT ISABEL STREET SUITE  
# 1  
City-State-Zip: TAMPA FL 33607

*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:** ELIZABETH FOSTER

**MANAGING MEMBER**

**03/11/2025**

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

\_\_\_\_\_  
Date