#### 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000012510

Entity Name: ALTERNATIVE HOME CARE OF FLORIDA, LLC

**FILED** Apr 23, 2024 **Secretary of State** 9693085457CC

### **Current Principal Place of Business:**

220 CONGRESS PARK DRIVE,

STE #330

DELRAY BEACH, FL 33445

# **Current Mailing Address:**

7777 FAY AVENUE, **SUITE 210** LA JOLLA, CA 92037 US

FEI Number: 87-2748468 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD. 1540 GLENWAY DR. TALLAHASSEE, FL 32301 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: ASHLEY WRIGHT - ASSISTANT SECRETARY 04/23/2024

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER GERARD, CHRIS KANH. PAUL Name Name

Address 220 CONGRESS PARK DRIVE, Address 220 CONGRESS PARK DRIVE, STE #330

STE #330

DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 City-State-Zip: City-State-Zip:

Title **MEMBER** THEKEY, LLC Name

220 CONGRESS PARK DRIVE, Address

STE #330

DELRAY BEACH FL 33445 City-State-Zip:

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.

04/23/2024 SIGNATURE: PAUL KANH **MANAGER**