

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001603

Entity Name: NEW HOME HEALTH CARE SERVICES LLC

Current Principal Place of Business:

933 BROAD ST
SUITE 301
AUGUSTA, GA 30901

Current Mailing Address:

PO BOX 200
AUGUSTA, GA 30903-0200 US

FEI Number: 42-1479861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE 4 SUITE A
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name GRIFFIN, RICK W
Address 933 BROAD ST
 SUITE 301
City-State-Zip: AUGUSTA GA 30901

Title TREASURER
Name SOUTHERN, JOHN M
Address 933 BROAD ST
 SUITE 301
City-State-Zip: AUGUSTA GA 30901

Title AUTHORIZED MEMBER
Name CSLCS, LLC
Address PO BOX 200
City-State-Zip: AUGUSTA GA 30903-0200

Title SECRETARY
Name EXLINE, RICK
Address 400 LOCUST STREET
 STE 820
City-State-Zip: DES MOINES IA 50309

Title VP
Name GILLMAN, BLAKE
Address 400 LOCUST STREET
 STE 820
City-State-Zip: DES MOINES IA 50309

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: JEREMY COHEN

GENERAL COUNSEL

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date