

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000014316

**Entity Name:** FILLED WITH LOVE HOME HEALTH, LLC

**Current Principal Place of Business:**

190 NW 14 STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

190 NW 14 STREET  
HOMESTEAD, FL 33030 US

**FEI Number:** 86-1704652

**Certificate of Status Desired:** No

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

TAPIA, ADA MARGARITA  
190 NW 14 STREET  
HOMESTEAD, FL 33030 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:** ADA MARGARITA TAPIA

04/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name TAPIA, ADA MARGARITA  
Address 190 NW 14 STREET  
City-State-Zip: HOMESTEAD FL 33030

Title AMBR  
Name YISET LAMBUREN  
Address 190 NW 14 STREET  
City-State-Zip: HOMESTEAD FL 33030

*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:** ADA TAPIA

MANAGER

04/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date