

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024191

Entity Name: AVANT HEALTHCARE PROFESSIONALS, LLC

Current Principal Place of Business:

1211 SEMORAN BLVD
SUITE 227
CASSELBERRY, FL 32707

Current Mailing Address:

1211 SEMORAN BLVD
SUITE 227
CASSELBERRY, FL 32707 US

FEI Number: 20-0072798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DR.
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 CEO, AUTHORIZED MEMBER
Name SANDIFER, SHARI
Address 402 ALMERIA COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title AUTHORIZED MEMBER
Name LFE GROWTH FUND II, LP
Address 60 SOUTH ST, #2320
City-State-Zip: MINNEAPOLIS MN 55407

Title AUTHORIZED MEMBER
Name CCP HOLDINGS
Address 200 E. JOPPA RD. #312
City-State-Zip: TOWSON MD 21286

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: PHILLIP KARNELL

AUTHORIZED FILER

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date