

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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, MEMBER  
Name            COSTANTINI, SHARI  
Address        3217 MIDDLESEX ROAD  
City-State-Zip: ORLANDO FL 32803

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

Title            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:** TJ ALLEN

**AUTHORIZED FILER**

**08/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date