

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000155200

Entity Name: VOYAGE SOLUTIONS, LLC

Current Principal Place of Business:

4566 ORANGE BLVD
1012
SANFORD, FL 32771

Current Mailing Address:

4566 ORANGE BLVD
1012
SANFORD, FL 32771 US

FEI Number: 46-1550349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURLEY, BETH
6921 SYLVAN WOODS DRIVE
SANFORD, FL 32771 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 MGRM
Name VOYAGE HEALTHCARE, LLC
Address 4566 ORANGE BLVD
1012
City-State-Zip: SANFORD FL 32771

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: BETH CURLEY

OWNER

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date