

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000068315

**Entity Name:** ORANGE NURSE LLC

**Current Principal Place of Business:**

2145 WEST SHAKESPEARE  
CHICAGO, IL 60647

**Current Mailing Address:**

2145 WEST SHAKESPEARE  
CHICAGO, IL 60647 US

**FEI Number:** 90-0979601

**Certificate of Status Desired:** No

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

THOMAS, MARK  
313 SOUTH SIXTH STREET  
#339  
NAPLES, FL 34102 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 MGR  
Name THOMAS, GRAHAM  
Address 1624 N. WOOD STREET, UNIT 1  
City-State-Zip: CHICAGO IL 60622

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:** GRAHAM THOMAS

**MEMBER**

**03/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date