

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000185475

Entity Name: JAN SEVIERI RN, BA, LEGAL NURSE CONSULTANT LLC

Current Principal Place of Business:

10113 WILD QUAIL DRIVE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

10113 WILD QUAIL DRIVE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 47-5548402

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SEVIERI, JAN
10113 WILD QUAIL DRIVE
PORT SAINT LUCIE, FL 34986 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 SEVIERI, JAN RN, BA
Address 10113 WILD QUAIL DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34986

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: JAN SEVIERI

MANAGER

04/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date