

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185420

**Entity Name:** KALIA NURSE LLC

**Current Principal Place of Business:**

3239 NW 203RD LANE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

3239 NW 203RD LANE  
MIAMI GARDENS, FL 33056 US

**FEI Number:** 81-4034088

**Certificate of Status Desired:** No

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

NURSE, KALIA  
3239 NW 203RD LANE  
MIAMI GARDENS, FL 33056 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:** KALIA NURSE

02/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NURSE, KALIA  
Address 3239 NW 203RD LANE  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** KALIA NURSE

MGR

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date