

2020 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

04/16/2020

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

MANAGER

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date