

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000215197

**Entity Name:** TATIANARUIZ NURSING & SERVICES LLC

**Current Principal Place of Business:**

850 SW 129 PL  
APT 206  
MIAMI, FL 33184

**Current Mailing Address:**

850 SW 129 PL  
APT 206  
MIAMI, FL 33184 UN

**FEI Number:** 82-0880173

**Certificate of Status Desired:** Yes

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

RUIZ, TATIANA  
850 SW 129 PL  
SUITE 206  
MIAMI, FL 33184 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 AP  
Name RUIZ, TATIANA  
Address 850 SW 129 PL APT 206  
City-State-Zip: MIAMI FL 33184

*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:** RUIZ , TATIANA

AP

04/04/2017

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

\_\_\_\_\_  
Date