## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000165499

Entity Name: SHAMY LEGAL NURSE CONSULTANT, LLC

### **Current Principal Place of Business:**

9075 WINTERHAVEN CIRCLE WELLINGTON, FL 33411

## **Current Mailing Address:**

9075 WINTERHAVEN CIRCLE WELLINGTON, FL 33411 US

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT A TAMPA, FL 33612 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

### Authorized Person(s) Detail :

TitleAMBRNameSHAMY, CYNDIAddress9075 WINTERHAVEN CIRCLECity-State-Zip:WELLINGTON FL 33411

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	CYNDI SHAMY	AMBR	03/12/2019
	Electronic Signature of Signing Authorized Person(s) Detail		Date

FILED Mar 12, 2019 Secretary of State 8431230662CC

Certificate of Status Desired: No

Date