

**2023 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

**Certificate of Status Desired:** Yes

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

SHAMY, CYNDI  
9075 WINTERHAVEN CR.  
WELLINGTON, FL 33411 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:** CYNDI SHAMY

04/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SHAMY, CYNDI  
Address 9075 WINTERHAVEN CIRCLE  
City-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

OWNER

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date