## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000229010

Entity Name: PALM BEACH NATURAL NURSING, LLC

**Current Principal Place of Business:** 

4175 TORRES CIRCLE

WEST PALM BEACH, FL 33409

**Current Mailing Address:** 

4175 TORRES CIRCLE

WEST PALM BEACH, FL 33409

FEI Number: 82-3374073 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COICOU, MARIE C 4175 TORRES CIRCLE WEST PALM BEACH, FL 33409 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: MARIE C COICOU 05/19/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR

Name COICOU, MARIE C Address 4175 TORRES CIRCLE

City-State-Zip: WEST PALM BEACH FL 33409

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.

05/19/2020 SIGNATURE: MARIE C COICOU **MGR** 

**FILED** May 19, 2020

**Secretary of State** 

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