

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000236143

Entity Name: SPECIALTY NURSING SOLUTIONS, LLC

Current Principal Place of Business:

240 S.W. 49 AVE
MIAMI, FL 33134

Current Mailing Address:

240 S.W. 49 AVE
MIAMI, FL 33134

FEI Number: 82-3433231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VICHOT, ADRIAN
240 S.W. 49 AVE
MIAMI, FL 33134 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 VICHOT, ADRIAN
Address 240 S.W. 49 AVE
City-State-Zip: MIAMI FL 33134

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: ADRIAN VICHOT

AP

08/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date