

**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