# 2020 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

## 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

## 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.

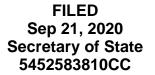
SIGNATURE: ADRIAN VICHOT

09/21/2020 REGISTERED AGENT

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No



Date