

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000008952

**Entity Name:** ALY NURSING PROFESSIONAL LLC

**Current Principal Place of Business:**

7442 SW 162 PATH  
MIAMI, FL 33193

**Current Mailing Address:**

7442 SW 162 PATH  
MIAMI, FL 33193 US

**FEI Number: 82-4000215**

**Certificate of Status Desired: No**

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

COBOS, JESUS  
7655 SW 153 CT  
MIAMI, FL 33193 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: JESUS COBOS**

**02/27/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORENO VEITIA, ALIUCHA  
Address 7442 SW 162 PATH  
City-State-Zip: MIAMI FL 33193

*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: ALIUCHA MORENO VEITIA**

**MANAGER**

**02/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date