

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000184925

Entity Name: FLORIDA NURSE LIFE CARE PLANNING, LLC

Current Principal Place of Business:

209 HERADA STREET
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

209 HERADA STREET
SAINT AUGUSTINE, FL 32080 US

FEI Number: 83-1478634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RINGWOOD, NICOLE
209 HERADA STREET
SAINT AUGUSTINE, FL 32080 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 MANAGER
Name RINGWOOD, NICOLE
Address 209 HERADA STREET
City-State-Zip: SAINT AUGUSTINE FL 32080

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: NICOLE RINGWOOD

OWNER/MANAGER

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date