

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000132066

**Entity Name:** NURSES DIRECT, L.L.C.

**Current Principal Place of Business:**

201 RUE IBERVILLE  
STE 700  
LAFAYETTE, LA 70508

**FILED**  
**Jul 11, 2023**  
**Secretary of State**  
**0212540033CC**

**Current Mailing Address:**

201 RUE IBERVILLE  
STE 700  
LAFAYETTE, LA 70508 US

**FEI Number:** 61-1765306

**Certificate of Status Desired:** Yes

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

SAVOIE, MARK  
1837 E. SMUGGLERS COVE DR.  
GULF BREEZE, FL 32563 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 MGR  
Name MASPRODUCTIONS, L.L.C.  
Address 1837 E. SMUGGLERS COVE DR  
City-State-Zip: GULF BREEZE FL 32563

Title MGR  
Name ADVANCED TOWER MANAGEMENT,  
L.L.C.  
Address 613 ROXSAN ROAD  
City-State-Zip: SUNSET LA 70584

*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:** MASPRODUCTIONS BY MARK SAVOIE

**MEMBER**

**07/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date