

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000132066

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

Current Principal Place of Business:

109 S. COLLEGE ROAD
LAFAYETTE, LA 70503

Current Mailing Address:

109 S. COLLEGE ROAD
LAFAYETTE, LA 70503

FEI Number: 61-1765306

Certificate of Status Desired: No

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 MANAGEMENT SERVICES OF LOUISIANA, L.L.C.
Address 109 SOUTH COLLEGE ROAD
City-State-Zip: LAFAYETTE LA 70503

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: MARK ARTALL

MANAGER

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date