#### 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000031493

Entity Name: BONITA NURSE CONCIERGE SERVICE LLC

FILED
Oct 06, 2021
Secretary of State
7827475356CR

### **Current Principal Place of Business:**

26069 FAWNWOOD COURT BONITA SPRINGS. FL 34134

## **Current Mailing Address:**

26069 FAWNWOOD COURT BONITA SPRINGS. FL 34134 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

DECARLUCCI, DANIELLE 26069 FAWNWOOD COURT BONITA SPRINGS, FL 34134 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: DANIELLE DECARLUCCI 10/06/2021

Electronic Signature of Registered Agent

Date

#### Authorized Person(s) Detail:

Title MGR

Name DECARLUCCI, DANIELLE
Address 26069 FAWNWOOD COURT
City-State-Zip: BONITA SPRINGS FL 34134

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: DANIELLE DECARLUCCI

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

10/06/2021