

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000086085

**Entity Name:** OHANA ASSISTED LIVING CONSULTING LLC

**Current Principal Place of Business:**

817 SW SAIL TERRACE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

817 SW SAIL TERRACE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 84-5194209

**Certificate of Status Desired:** No

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

NAZARIO, ANGEL  
817 SW SAIL TERRACE  
PORT ST LUCIE, FL 34953 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 ACEVEDO, MELANIE  
Address 817 SW SAIL TERRACE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** MELANIE ACEVEDO

MGR

04/22/2024

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

\_\_\_\_\_ Date