

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000042325

**Entity Name:** LIVE WELL NURSING SERVICES, LLC

**Current Principal Place of Business:**

14821 NW 3RD AVE  
MIAMI, FL 33168

**Current Mailing Address:**

14821 NW 3RD AVE  
MIAMI, FL 33168

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VASQUEZ, JEIDI  
14821 NW 3RD AVE  
MIAMI, FL 33168 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 VASQUEZ, JEIDI  
Address 14821 NW 3RD AVE  
City-State-Zip: MIAMI FL 33168

*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:** JEIDI VASQUEZ

**MANAGER**

**04/26/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date