## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000128718

Entity Name: NURSE 2 NURSE STAFFING LLC

**Current Principal Place of Business:** 

4529 SW 26TH ST WEST PARK, FL 33023

**Current Mailing Address:** 

4529 SW 26TH ST WEST PARK. FL 33023 US

FEI Number: 93-1888703 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADDERLY, SHAQUILLA 4529 SW 26TH ST WEST PARK, FL 33023 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: SHAQUILLA ADDERLY 06/15/2023

Electronic Signature of Registered Agent

Date

FILED Jun 15, 2023

**Secretary of State** 

1620934132CR

## Authorized Person(s) Detail:

Title MANAGER

Name ADDERLY, SHAQUILLA
Address 4529 SW 26TH ST
City-State-Zip: WEST PARK FL 33023

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SHAQUILLA ADDERLY

MANAGER

06/15/2023

Date