

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000373227

**Entity Name:** APRN CARE & CONSULTING, LLC

**Current Principal Place of Business:**

8225 IBIS CLUB DRIVE  
UNIT 204  
NAPLES, FL 34104

**Current Mailing Address:**

217 KIRSCH DRIVE  
SYRACUSE, NY 13211 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COGLITORE, STEPHANIE A  
8225 IBIS CLUB DRIVE  
UNIT 204  
NAPLES, FL 34104 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            PRESIDENT  
Name            COGLITORE, STEPHANIE A  
Address        8225 IBIS CLUB DRIVE  
                  UNIT 204  
City-State-Zip: NAPLES FL 34104

*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:** STEPHANIE COGLITORE

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date