## 2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000375842

Entity Name: ORCHID ONE NURSING STAFFING & COMPANION AID

**SOLUTIONS LLC** 

**Current Principal Place of Business:** 

2528 NOUVEAU WAY KISSIMMEE, FL 34741

**Current Mailing Address:** 

3050 DYER BLVD **SUITE 115** KISSIMMEE, FL 34741 US

FEI Number: 87-2280275 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DERISSAINT, DARLENE 3050 DYER BLVD **SUITE 115** KISSIMMEE, FL 34741 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

**FILED** Aug 11, 2022

**Secretary of State** 

8041309171CC

## Authorized Person(s) Detail:

MGR Title

DERISSAINT, DARLENE Name 1000 STERLING RIDGE DR Address

**UNIT 1100** 

City-State-Zip: AUGUSTA GA 30909

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: DARLENE DERISSAINT

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

08/11/2022 Date