

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:

3050 DYER BLVD
SUITE 115
KISSIMMEE, FL 34741

Current Mailing Address:

3050 DYER BLVD
SUITE 115
KISSIMMEE, FL 34741 US

FEI Number: 87-2280275

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

Title MGR
Name LOGON, PIERRE
Address 3050 DYER BLVD
SUITE 115
City-State-Zip: KISSIMMEE FL 34741

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: PIERRE LOGON

MGR

04/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date