

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000420282

**Entity Name:** AR NURSE SERVICES & CONSULTING LLC

**Current Principal Place of Business:**

50 W 4 ST #14  
HIALEAH, FL 33010

**Current Mailing Address:**

50 W 4 ST #14  
HIALEAH, FL 33010 US

**FEI Number: 87-2820471**

**Certificate of Status Desired: No**

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

RODRIGUEZ, ARIADNA C  
50 W 4 ST #14  
HIALEAH, FL 33010 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	AMBR	Title	AUTHORIZED MEMBER
Name	RODRIGUEZ, ARIACNA C	Name	VEGA, TERESA
Address	50 W 4 ST #14	Address	50 W 4 ST #14
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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: ARIACNA RODRIGUEZ**

**AMBR**

**04/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date