

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000015247

**Entity Name:** ABLE SERVICES NURSE REGISTRY LLC

**Current Principal Place of Business:**

1315 NW 6TH ST  
STE B  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1315 NW 6TH ST  
STE B  
GAINESVILLE, FL 32601 US

**FEI Number:** 87-4382991

**Certificate of Status Desired:** Yes

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

NIKONEJAD, MARYAM  
1315 NW 6TH ST  
STE B  
GAINESVILLE, FL 32601 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 NIKONEJAD, MARYAM  
Address 1315 NW 6TH ST  
STE B  
City-State-Zip: GAINESVILLE FL 32601

*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:** NIKONEJAD MARYAM

**OWNER**

**08/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date