

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000015247

Entity Name: ABLE SERVICES NURSE REGISTRY LLC

Current Principal Place of Business:

901 NWV 8TH AVE B2-9
GAINESVILLE, FL 32601

Current Mailing Address:

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

FEI Number: 87-4382991

Certificate of Status Desired: No

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

MGR

04/17/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date