

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000182805

Entity Name: ALEGRIA NURSING SERVICES LLC

Current Principal Place of Business:

1380 N KROME AVE
SUITE 103
FLORIDA CITY, FL 33034

Current Mailing Address:

1380 N KROME AVE
SUITE 103
FLORIDA CITY, FL 33034 UN

FEI Number: 85-0549289

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARRA -ROJO, ARIANNA
1380 N KROME AVE
SUITE 103
FLORIDA CITY, FL 33034 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 P
Name PARRA-ROJO, ARIANNA
Address 1380 N KROME AVE, SUITE 103
City-State-Zip: FLORIDA CITY FL 33034

Title MMGR
Name VASQUEZ, SARAH
Address 1380 N KROME AVE, SUITE 103
City-State-Zip: FLORIDA CITY FL 33034

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: ARIANNA PARRA-ROJO

ADMINISTRATOR

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date