

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000190416

**Entity Name:** NURSEWRITERSGROUP, LLC

**Current Principal Place of Business:**

12561 ASTOR PLACE  
FORT MYERS, FL 33913

**Current Mailing Address:**

12561 ASTOR PLACE  
FORT MYERS, FL 33913 US

**FEI Number:** 92-3515310

**Certificate of Status Desired:** Yes

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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 ZOOK, BECKY  
Address 12561 ASTOR PLACE  
City-State-Zip: FORT MYERS FL 33913

Title MGR  
Name ZOOK, SCOTT  
Address 12561 ASTOR PLACE  
City-State-Zip: FORT MYERS FL 33913

*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:** BECKY ZOOK

**MANAGER**

**02/13/2024**

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

\_\_\_\_\_  
Date