

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000208892

**Entity Name:** VENVELO CAREWORK, LLC

**Current Principal Place of Business:**

8815 CONROY-WINDERMERE ROAD  
#347  
ORLANDO, FL 32835

**Current Mailing Address:**

8815 CONROY-WINDERMERE ROAD  
#347  
ORLANDO, FL 32835 US

**FEI Number:** 92-3723134

**Certificate of Status Desired:** No

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

WOLSONOVICH, N MICHAEL JR  
8815 CONROY-WINDERMERE ROAD  
#347  
ORLANDO, FL 32835 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 WOLSONOVICH, N MICHAEL JR  
Address 8815 CONROY-WINDERMERE ROAD  
#347  
City-State-Zip: ORLANDO FL 32835

Title MGR  
Name LICURSI, RICHARD  
Address 8815 CONROY-WINDERMERE ROAD  
#347  
City-State-Zip: ORLANDO FL 32835

Title MGR  
Name MOLAYEM, JONATHAN  
Address 8815 CONROY-WINDERMERE ROAD  
#347  
City-State-Zip: ORLANDO FL 32835

*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:** N MICHAEL WOLSONOVICH JR

**MANAGING MEMBER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date