

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000209254

**Entity Name:** CCHRIS NURSE CONSULTING SERVICES L.L.C

**Current Principal Place of Business:**

307 NW 12TH AVE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

307 NW 12TH AVE  
FT LAUDERDALE, FL 33311

**FEI Number:** 92-3745167

**Certificate of Status Desired:** No

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

VICTOR, CHRISTIE  
307 NW 12TH AVE  
FT LAUDERDALE, FL 33311 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            AMBR  
Name            VICTOR, CHRISTIE  
Address        307 NW 12TH AVE  
City-State-Zip: FT LAUDERDALE FL 33311

Title            MGR  
Name            VICTOR, CHRISTIE  
Address        307 NW 12TH AVE  
City-State-Zip: FT LAUDERDALE FL 33311

*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:** CHRISTIE VICTOR

**MGR**

**03/11/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date