

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009022

**Entity Name:** NURSES R US, LLC

**Current Principal Place of Business:**

271 EVANGELINE DR  
MANDEVILLE, LA 70471

**Current Mailing Address:**

271 EVANGELINE DR  
MANDEVILLE, LA 70471 US

**FEI Number:** 47-3777321

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 HOLLANDER, SHIELA S  
Address 271 EVANGELINE DR  
City-State-Zip: MANDEVILLE LA 70471

Title MGR  
Name HOLLANDER, SHIELA S  
Address 271 EVANGELINE DR  
City-State-Zip: MANDEVILLE LA 70471

Title MGR  
Name HOLLANDER, JERRY M JR  
Address 271 EVANGELINE DR  
City-State-Zip: MANDEVILLE LA 70471

Title AMBR  
Name HOLLANDER, JERRY M JR  
Address 271 EVANGELINE DR  
City-State-Zip: MANDEVILLE LA 70471

*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:** SHIELA S HOLLANDER

**MANAGER**

**07/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date