

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90584 027 \*\*\*\*\*50.00

DOCUMENT # L01000016902

1. Entity Name

PREFERRED LEGAL NURSE CONSULTANTS,LLC.



Principal Place of Business

851 JOHNSON ST AVE  
222  
STUART FL 34994

Mailing Address

3826 ST. FRANCES RD..  
FORT PIERCE. FL 34982

2. Principal Place of Business

581 SE Ron Rico Terr

3. Mailing Address

581 SE Ron Rico Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Port St Lucie, Fl

City & State

Port St Lucie, Fl

4. FEI Number 65-1119095

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34983

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEMPLE, KATHLEEN S  
3826 ST. FRANCES RD.  
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathleen S Temple

Kathleen S. Temple  
manager

4-30-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAKAROWA, LINDA G 581 S.E. RON RICO TERRACE PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEMPLE, KATHLEEN S 3826 ST. FRANCES RD., FT. PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Kathleen S Temple  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-03

772-464-0854

CR2E083 (10/02)

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