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(((H21000430214 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAURA K. MUNSON, CPA

Account Number : I20190000060 : (863)634-4631 : (863)467-3002 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Laura@simsmunsoncpa.com

FLORIDA LIMITED LIABILITY CO.

Advanced Nursing Services of Florida, LLC

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November 23, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAURA K. MUNSON, CPA

SUBJECT: ADVANCED NURSING SERVICES, INC.

REF: W21000151084

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000060738.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000430214

Regulatory Specialist II Supervisor Letter Number: 821A00028331

New Filing Section

(((H210004302143)))

COVER LETTER

	ew Filing Sec ivision of Cor					
SUBJECT		Nursing Services of	Florida, LLC			
SOBJECT	·	Name	of Limited L	iability Company		
The enclos	ed Articles of	Organization and fe	e(s) are subm	itted for filing.		
Please retu	m all correspo	ndence concerning	this matter to	the following:		
	Laura Mun	son				
			Nan	ne of Person	 	
	Sims Muns	on CPA				
			Fire	n/Company		
	319 N. Par	rott Ave.				
		·····		Address		
	Okeechobe	e, FL 34972				
	Laura@sim	smunsoncpa.com	City/Sta	te and Zip Code		
-		E-mail address: (to)	oe used for fu	ture annual report i	notificatio	on)
For further i	nformation co	ncerning this matter	r, please call:			
	Laura Munso	n	863 at (634-4631		
	Nam	e of Person	_ \	ode Daytime T	Telephone	Number
Enclosed is	s a check for t	he following amour	ıt;			
冒\$125.00) Filing Fee	□\$130.00 Filing Certificate of Sta	atus C	\$155.00 Filing Fe certified Copy litional copy is end		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations tox 6327 assee, FL 32314		Street Addre New Filing S The Centre of 2415 N. Mor Tallahassee,	ection Div of Tallaha nroe Stree	ssee t, Suite 810

(((H210004302143)))

(Must co	z Services of Florida, LLC ontain the words "Limited Liabili	
ARTICLE II - Address:		ty Company, "L.L.C.," or "LLC.")
The mailing address and street	t address of the principal office o	f the Limited Liability Company is:
Princ	cipal Office Address:	Mailing Address:
13780 SE 46th St.	. Okcechobee, FL 34974	13780 SE 46th St., Okeechober, FL 34974
The Limited Liability Compa mother business entity with a	en active Florida registration.)	ered Agent. You must designate an individual or are:
(The Limited Liability Compa another business entity with a	any cannot serve as its own Regis an active Florida registration.)	ered Agent. You must designate an individual or are:
(The Limited Liability Compa another business entity with a	any cannot serve as its own Regis an active Florida registration.) cet address of the registered agent Sims Munson Certified Pub	ered Agent. You must designate an individual or are:
(The Limited Liability Compa another business entity with a	any cannot serve as its own Registant active Florida registration.) eet address of the registered agent Sims Munson Certified Pub Nam	ered Agent. You must designate an individual or are: olic Accountants, PLLC
(The Limited Liability Compa another business entity with a	any cannot serve as its own Registen active Florida registration.) eet address of the registered agent Sims Munson Certified Pub Nam 319 N. Parrott Ave.	ered Agent. You must designate an individual or are: olic Accountants, PLLC

(CONTINUED)

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	Name and Address:
AMBR" = Authorized Member MGR" = Manager	CT CONTRACTOR OF THE CONTRACTO
_	Decides Vessells
MGR	Braydon Kassella 13780 SE 46th St., Okeechobee, FL 34974
	201201001001001000000000000000000000000
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V: Effective date, if other that tive date is listed, the date in	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other that effective date is listed, the date in filling.) the date inserted in this block dent's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not
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