

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072442

Entity Name: SOUTH FLORIDA NURSING UNIFORMS, LLC

Current Principal Place of Business:

2601 N. HIATUS ROAD
COOPER CITY, FL 33026

Current Mailing Address:

16375 NE 18TH AVE.
334
NORTH MIAMI BEACH, FL 33162

FEI Number: 30-0639269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, STEPHEN W
2601 N. HIATUS ROAD
COOPER CITY, FL 33026 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 MGRM
Name DAVIS, STEPHEN W
Address 2601 N. HIATUS ROAD
City-State-Zip: COOPER CITY FL 33026

Title MGRM
Name DAVIS, RONALD L
Address 19667 TURNBERRY WAY, UNIT 3L
City-State-Zip: AVENTURA FL 33180

Title MGR
Name LAFER, ROBIN
Address 2601 N. HIATUS ROAD
City-State-Zip: COOPER CITY FL 33026

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: RONALD LEE DAVIS

MANAGER

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date