

**2013 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  
4718 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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         | 4718 SHERIDAN STREET    |
| City-State-Zip: | HOLLYWOOD FL 33021      |
| Title           | MGR                     |
| Name            | LAFER, ROBIN            |
| Address         | 3231 HIDDEN HOLLOW LANE |
| City-State-Zip: | DAVIE FL 33328          |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | DAVIS, RONALD L              |
| Address         | 19667 TURNBERRY WAY, UNIT 3L |
| City-State-Zip: | AVENTURA FL 33180            |
| Title           | MGRM                         |
| Name            | LAFER, ROBIN                 |
| Address         | 26901 HIATUS ROAD            |
| City-State-Zip: | COOPER CITY FL               |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD L DAVIS

MBR MGR

04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date