

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000052986

**Entity Name:** FRUIT OF THE SPIRIT NURSING SERVICES, LLC

**Current Principal Place of Business:**

13760 N E 11 AVE  
MIAMI, FL 33161

**Current Mailing Address:**

P.O BOX 680694  
NORTH MIAMI, FL 33168 US

**FEI Number:** 47-1954365

**Certificate of Status Desired:** No

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

DERAVIL, ELDA  
420 NW 126 STREET  
NORTH MIAMI, FL 33168 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	Title	MGR
Name	DERAVIL, ELDA	Name	DERAVIL, DEBORAH R
Address	420 NW 126 STREET	Address	420 NW 126 STREET
City-State-Zip:	NORTH MIAMI FL 33168	City-State-Zip:	NORTH MIAMI FL 33168

*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:** ELDA DERAVIL

AMBR

06/29/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date