

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000054298

**Entity Name:** RADCLIFFE NURSING SERVICE LLC

**Current Principal Place of Business:**

4723 W ATLANTIC AVE A-9  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4723 W ATLANTIC AVE A-9  
DELRAY BEACH, FL 33445 US

**FEI Number:** 46-5285818

**Certificate of Status Desired:** No

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

MCCALLUM, RADCLIFFE ORAL  
4723 W ATLANTIC AVE A-9  
DELRAY BEACH, FL 33445 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:** RADCLIFFE MCCALLUM

02/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MCCALLUM, RADCLIFFE ORAL  
Address        4723 W ATLANTIC AVE A-9  
City-State-Zip: DELRAY BEACH FL 33445

Title            VP  
Name            MCCALLUM, RADCLIFFE ORAL  
Address        4723 W ATLANTIC AVE A-9  
City-State-Zip: DELRAY BEACH FL 33445

*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:** RADCLIFFE MC CALLUM

OWNER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date