

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000089560

Entity Name: SOVEREIGN SCHOOL OF NURSING, LLC

Current Principal Place of Business:

540 NW 165TH ST RD
#302
MIAMI, FL 33169

Current Mailing Address:

PO BOX 640342
MIAMI, FL 33164 US

FEI Number: 47-4750156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCLEAN, LISIA
2040 NE 163RD STREET
#303
NORTH MIAMI BEACH, FL 33162 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: LISIA MCLEAN

01/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name MCLEAN, CLAUDIA
Address 2040 NE 163RD ST, SUITE 303
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name MCLEAN, LISIA
Address PO BOX 640342
City-State-Zip: MIAMI FL 33164

Title DIRECTOR
Name MCLEAN, DIANA
Address PO BOX 640342
City-State-Zip: MIAMI FL 33164

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: CLAUDIA MCLEAN

MEMBER

01/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date