#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000084317

Entity Name: NEUROLOGICAL SENIOR SOLUTIONS LLC

**FILED** Mar 03, 2021 **Secretary of State** 5563954262CC

# **Current Principal Place of Business:**

911 SE 4TH STREET

POMPANO BEACH, FL 33060

### **Current Mailing Address:**

5333 N DIXIE HWY SUITE 202 OAKLAND PARK, FL 33334 US

FEI Number: 47-5523342 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BENAVIDES, XIOMARA 5333 N DIXIE HWY SUITE 202 OAKLAND PARK, FL 33334 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: XIOMARA BENAVIDES 03/03/2021

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title **AMBR** 

Address

BENAVIDES, XIOMARA Name 5333 N DIXIE HWY

SUITE 202

OAKLAND PARK FL 33334 City-State-Zip:

SIGNATURE: XIOMARA BENAVIDES

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.

Electronic Signature of Signing Authorized Person(s) Detail

**DIRECTOR** 

Date

03/03/2021