

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000005026

**Entity Name:** FINLAY INSTITUTE OF NURSING LLC

**Current Principal Place of Business:**

8011 NORTH HIMES AVE  
SUITE 1  
TAMPA, FL 33614

**Current Mailing Address:**

8011 N HIMES AVE  
STE 1  
TAMPA, FL 33614 US

**FEI Number:** 81-1090468

**Certificate of Status Desired:** No

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

AZCANIO, YANIA  
8011 N HIMES AVE  
STE 1  
TAMPA, FL 33614 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 MGR  
Name HERNANDEZ GONZALEZ, ORNIEL  
Address 8011 NORTH HIMES AVE  
SUITE 1  
City-State-Zip: TAMPA FL 33614

*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:** ORNIEL HERNANDEZ GONZALEZ

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date