

2017 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 4
TAMPA, FL 33614

Current Mailing Address:

5021 CARDIFF DR
HOLIDAY, FL 34690 US

FEI Number: 81-1090468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AZCANIO, YANIA
5021 CARDIFF DR
HOLIDAY, FL 34690 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 5021 CARDIFF DR
City-State-Zip: HOLIDAY FL 34690

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

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date