

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000117621

Entity Name: DE-R-BEE NURSING EDUCATION MENTORING & PARTNERSHIP NETWORK L.L.C.**Current Principal Place of Business:**10990 LYDIA ESTATES DRIVE EAST
JACKSONVILLE, FL 32218**Current Mailing Address:**10990 LYDIA ESTATES DRIVE EAST
JACKSONVILLE, FL 32218 US**FEI Number: 81-3377703****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRABHAM, DEBORAH D
10990 LYDIA ESTATES DRIVE EAST
JACKSONVILLE, FL 32218 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	Title	AMBR
Name	BRABHAM, DEBORAH D	Name	BRABHAM, RANDALL R
Address	10990 LYDIA ESTATES DRIVE EAST	Address	10990 LYDIA ESTATES DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	MGR	Title	AMBR
Name	MATTHEWS, CHELSEA S	Name	MATTHEWS, CHARLTON P
Address	10990 LYDIA ESTATES DRIVE EAST	Address	10990 LYDIA ESTATES DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218

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: DR. DEBORAH DENISE BRABHAM**OWNER - CEO****04/11/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date