

2017 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
Name BRABHAM, DEBORAH D
Address 10990 LYDIA ESTATES DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR
Name BRABHAM, RANDALL R
Address 10990 LYDIA ESTATES DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32218

Title MGR
Name MATTHEWS, CHELSEA S
Address 10990 LYDIA ESTATES DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR
Name MATTHEWS, CHARLTON P
Address 10990 LYDIA ESTATES DRIVE EAST
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: DEBORAH D. BRABHAM

PHDC, RN, CNE

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date