

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000221864

Entity Name: NOLE NURSE ALUMNI GROUP, LLC

Current Principal Place of Business:

FLORIDA STATE ALUMNI ASSOCIATION
1030 W TENNESSEE ST
TALLAHASSEE, FL 32304

Current Mailing Address:

FLORIDA STATE ALUMNI ASSOCIATION
1030 W TENNESSEE ST
TALLAHASSEE, FL 32304 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAINES, DIANE S
4090 SAN JOSE BLVD
JACKSONVILLE, FL 32207 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 WILSON, KATHLEEN
Address COLLEGE OF NURSING 98 VARSITY WAY
City-State-Zip: TALLAHASSEE FL 32306

Title RA
Name RAINES, DIANE S
Address 4090 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32207

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: DIANE S RAINES

REGISTERED AGENT

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date