

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000234751

Entity Name: MY PRIVATE NURSE LLC

Current Principal Place of Business:

5319 NW 57 TER
CORAL SPRINGS, FL 33067

Current Mailing Address:

5319 NW 57TH TER
CORAL SPRINGS, FL 33067 US

FEI Number: 82-3417631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMALL, OTASHA
5319 NW 57TH TER
CORAL SPRINGS, FL 33067 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: OTASHA SMALL

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name SMALL, OTASHA
Address 5319 NW 57TH TER
City-State-Zip: CORAL SPRINGS FL 33067

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: OTASHA S SMALL

OTASHA SMALL

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date