

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000017200

**Entity Name:** MYRIELLE COLLEGE OF NURSING LLC

**Current Principal Place of Business:**

3175 CONGRESS AVE.  
SUITE 205  
LAKE WORTH, FL 33461

**Current Mailing Address:**

6284 PARADISE COVE  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 83-1580703

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LESPERANCE, SETH  
3175 CONGRESS AVE.  
SUITE 205  
LAKE WORTH, FL 33461 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:** MYRIELLE SANON

06/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LESPERANCE, NEPHTALIE  
Address 6284 PARADISE COVE  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** LESPERANCE NEPHTALIE

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date