

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000134680

Entity Name: NXCARE MEDS2BEDS, LLC

Current Principal Place of Business:

16761 SW 48TH STREET
SOUTHWEST RANCHES, FL 33331

Current Mailing Address:

16761 SW 48TH STREET
SOUTHWEST RANCHES, FL 33331 US

FEI Number: 84-1929245

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROUD, WILLIAM F
16761 SW 48TH STREET
SOUTHWEST RANCHES, FL 33331 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	AR	Title	AR
Name	CROUD, WILLIAM F	Name	MEDINA, CLAUDIA A
Address	16761 SW 48TH STREET	Address	1528 WHITEHALL DRIVE #206
City-State-Zip:	SOUTHWEST RANCHES FL 33331	City-State-Zip:	DAVIE FL 33324

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: WILLIAM F. CROUD

AR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date