

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000232245

Entity Name: JENELLE TORRES ARNP LLC

Current Principal Place of Business:

7775 SW 87TH AVENUE
SUITE 100
MIAMI, FL 33173

Current Mailing Address:

3118 W. COLUMBIA AVE
SUITE 100
CHICAGO, IL 60645 US

FEI Number: 84-3038713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSTEO REGENERATIVE CLINIC OF SOUTH FLORIDA
7775 SW 87TH AVENUE
SUITE 100
MIAMI, FL 33173 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 AP
Name STAAL, ELLIOT
Address 3118 W. COLUMBIA AVE
City-State-Zip: CHICAGO IL 60645

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: ELLIOT STAAL

MANAGER

05/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date