

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000031770

**Entity Name:** THE BIZNURSE NETWORK LLC**Current Principal Place of Business:**1101 EAST CUMBERLAND AVE  
STE 201H PMB #  
TAMPA, FL 33602**Current Mailing Address:**1101 EAST CUMBERLAND AVE  
STE 201H PMB #  
TAMPA, FL 33602 US**FEI Number:** 84-4432774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOKE, INEZ D  
1101 EAST CUMBERLAND AVE  
STE 201H PMB #  
TAMPA, FL 33602 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, AUTHORIZED REPRESENTATIVE  
Name BARBOUR, SHANIA  
Address 1101 EAST CUMBERLAND AVE STE  
201H PMB #  
City-State-Zip: TAMPA FL 33602

Title AUTHORIZED MEMBER  
Name COOKE, KHALIL  
Address 1101 EAST CUMBERLAND AVE STE  
201H PMB #  
City-State-Zip: TAMPA FL 33602

Title AUTHORIZED MEMBER  
Name SCOTT, KHARI  
Address 1101 EAST CUMBERLAND AVE STE  
201H PMB #  
City-State-Zip: TAMPA FL 33602

Title MANAGER  
Name COOKE, INEZ D  
Address 1101 EAST CUMBERLAND AVE  
STE 201H PMB #  
City-State-Zip: TAMPA FL 33602

*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:** INEZ COOKE**MANAGER****05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date