

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000240171

Entity Name: REGAL HEALTHCARE & ROYAL STAFFING LLC**Current Principal Place of Business:**5893 NORTHWEST 91ST AVENUE
PARKLAND, FL 33067**Current Mailing Address:**5893 NORTHWEST 91ST AVENUE
PARKLAND, FL 33067**FEI Number: 82-2314400****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LOMICKY, DIANN
5893 NORTHWEST 91ST AVENUE
PARKLAND, 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CEO
Name	LOMICKY, DIANN
Address	5893 NORTHWEST 91ST AVENUE
City-State-Zip:	PARKLAND FL 33067

Title	MGR
Name	ADONICA BLACK
Address	5893 NORTHWEST 91ST AVENUE
City-State-Zip:	PARKLAND FL 33067

Title	SEC
Name	BLACK, ARIANNA
Address	5893 NW 91ST AVENUE
City-State-Zip:	PARKLAND FL 33067

Title	TREA
Name	BLACK, ANNISSA
Address	5893 NW 91ST AVENUE
City-State-Zip:	PARKLAND FL 33067

Title	CFO
Name	BLACK, AMOI
Address	5893 NW 91ST AVENUE
City-State-Zip:	PARKLAND 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: DIANN LOMICKY**CEO****04/28/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date