

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000251845

**Entity Name:** DYNAMED HEALTHCARE STAFFING, LLC

**Current Principal Place of Business:**

26 GRAY FOX CT  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

26 GRAY FOX CT  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COLLETTI, AMY L  
26 GRAY FOX CT  
CRAWFORDVILLE, FL 32327 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 MGR  
Name COLLETTI, AMY L  
Address 26 GRAY FOX CT  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGR  
Name COLLETTI, ROBERT P  
Address 26 GRAY FOX CT  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** AMY COLLETTI

**MANAGER**

**04/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date