

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000354093

Entity Name: INGRID'S PROFESSIONAL HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

134 NE JETTIE TERRACE
PORT ST LUCIE, FL 34983

Current Mailing Address:

134 NE JETTIE TERRACE
PORT ST LUCIE, FL 34983 US

FEI Number: 85-4010531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSDEN, INGRID D
134 NE JETTIE TERRACE
PORT ST LUCIE, FL 34983 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 MARSDEN, INGRID
Address 134 NE JETTIE TERRACE
City-State-Zip: PORT ST LUCIE FL 34983

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: INGRID D. MARSDEN

MANAGER/AGENT

04/30/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date