

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000162817

**Entity Name:** JA - NURSES PROPERTIES LLC

**Current Principal Place of Business:**

2106 US HWY 441  
LEESBURG, FL 34748

**Current Mailing Address:**

2106 US HWY 441  
LEESBURG, 34748 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PATTERSON, CAROL  
2106 US 441  
LEESBURG, FL 34748 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 PATTERSON, CAROL  
Address 2106 US 441  
City-State-Zip: LEESBURG FL 34748

Title MGR  
Name BERTRAM, JUDITH  
Address 10 HUGHES ST  
City-State-Zip: LODI NJ 07644

Title MGR  
Name MORGAN, ANGYLEKE  
Address 176 CONCORD AVE  
City-State-Zip: HARTSDALE NY 10530

*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:** CAROL PATTERSON

**OWNER**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date