

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000280131

**Entity Name:** PREP NURSING SERVICES, LLC

**Current Principal Place of Business:**

1500 SW 154 AVE  
MIAMI, FL 33194

**Current Mailing Address:**

1500 SW 154 AVE  
MIAMI, FL 33194 US

**FEI Number:** 87-1299196

**Certificate of Status Desired:** No

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

DUARTE, LISETTE  
1500 SW 154 AVE  
MIAMI, FL 33194 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             | Title           | MGR             |
| Name            | DUARTE, LISETTE | Name            | LAY, ARMANDO    |
| Address         | 1500 SW 154 AVE | Address         | 1500 SW 154 AVE |
| City-State-Zip: | MIAMI FL 33194  | City-State-Zip: | MIAMI FL 33194  |

*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:** LISETTE DUARTE

**MGR**

**04/29/2022**

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

\_\_\_\_\_  
Date