

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000398481

**Entity Name:** CHRISTINE NORDET CARE LLC

**Current Principal Place of Business:**

147 STARFISH LANE  
TAVERNIER, FL 33070

**Current Mailing Address:**

147 STARFISH LANE  
TAVERNIER, FL 33070 UN

**FEI Number:** 87-2873383

**Certificate of Status Desired:** No

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

NORDET, CHRISTINE  
147 STARFISH LANE  
TAVERNIER, FL 33070 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            OWNER  
Name            NORDET, CHRISTINE  
Address        147 STARFISH LANE  
City-State-Zip: TAVERNIER 33070

*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:** CHRISTINE NORDET

OWNER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date