

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000420232

**Entity Name:** LABEACH CONTRACT NURSING LLC.

**Current Principal Place of Business:**

1793 BERKSHIRE CIRCLE SW  
VERO BEACH, FL 32968

**Current Mailing Address:**

1793 BERKSHIRE CIRCLE SW  
VERO BEACH, FL 32968 US

**FEI Number: 87-2906478**

**Certificate of Status Desired: No**

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

CLARK, DONNIE  
912 N 21 ST  
FORT PIERCE, FL 34950 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            AMBR  
Name            MORGAN, AVA-MONIQUE V  
Address        1793 BERKSHIRE CIRCLE SW  
City-State-Zip: VERO BEACH FL 32968

*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: AVA-MONIQUE MORGAN**

**AMBR**

**05/01/2023**

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

\_\_\_\_\_ Date