**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 24, 2025**
**Secretary of State**
**0422669773CC**

DOCUMENT# L22000280210

**Entity Name:** THE NURSE ALCOVE LLC

**Current Principal Place of Business:**

1317 EDGEWATER DR SUITE 3775
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DR SUITE 3775
ORLANDO, FL 32804 US

**FEI Number: 88-2912744**

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 | BRICE, NAISHA |
| Address | 3879 DENALI DRIVE |
| City-State-Zip: | APOPKA FL 32712 |

*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: NAISHA BRICE OWNER 04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date