

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000264493

**Entity Name:** EDGEMONT HEALTHCARE STAFFING, LLC

**Current Principal Place of Business:**

20000 NE 15TH COURT  
MIAMI, FL 33179

**Current Mailing Address:**

20000 NE 15TH COURT  
MIAMI, FL 33179

**FEI Number:** 93-1638266

**Certificate of Status Desired:** Yes

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

ZORRILLA, JUAN  
1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131 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 FYRE MANAGEMENT, INC.  
Address 1413 20TH STREET  
City-State-Zip: MIAMI FL 33139

*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:** ELIYAHU NASH

**PRESIDENT**

**01/08/2025**

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

\_\_\_\_\_  
Date