

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000319668

Entity Name: ALTRANAIS CARE CENTERS LLC

Current Principal Place of Business:

338 WHITESVILLE ROAD
JACKSON, NJ 08527

Current Mailing Address:

338 WHITESVILLE ROAD
JACKSON, NJ 08527

FEI Number: 93-2322221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 FREUND, NATHAN
Address 338 WHITESVILLE ROAD
City-State-Zip: JACKSON FL 08527

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: NATHAN FREUND

MANAGER

04/23/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date