2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 11, 2025
Secretary of State
2309280793CC

DOCUMENT# L24000281481

Entity Name: HANDS OF FAITH NURSE TRAINING CENTER LLC

Current Principal Place of Business:

18441 NW 2ND AVE
SUITE 302
MIAMI GARDENS, FL 33169

Current Mailing Address:

14361 NW 14TH DR
MIAMI, FL 33167 US

FEI Number: 99-3670044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETIT-FRERE, MARIE YOLANDE
14361 NW 14TH DR
MIAMI, FL 33167 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: MARIE YOLANDE PETIT-FRERE 04/11/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	PETIT-FRERE, MARIE YOLANDE	Name	PETIT-FRERE, DIANE
Address	14361 NW 14TH DR	Address	14361 NW 14TH DR
City-State-Zip:	MIAMI GARDENS FL 33167	City-State-Zip:	MIAMI GARDENS FL 33167

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: MARIE YOLANDE PETIT-FRERE AUTHORIZED AGENT 04/11/2025

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