

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000358656

Entity Name: TRUE WISH NURSING LLC

Current Principal Place of Business:

708 HIBISCUS AV
LEHIGH ACRES, FL 33972

Current Mailing Address:

34 HAWTHORNE ST
MANCHESTER, CT 06042

FEI Number: 99-4010275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYN-COOK, ANNA-LECIA BSN, RN
708 HIBISCUS AV
LEHIGH ACRES, FL 33972 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 MANAGER
Name LYNCOOK, ANNALECIA
Address 708 HIBISCUS AV
City-State-Zip: LEHIGH ACRES FL 33972

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: ANNALECIA LYNCOOK

MANAGER

02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date