

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000007265

**Entity Name:** SECURE NURSING SERVICE LLC

**Current Principal Place of Business:**

6300 WILSHIRE BOULEVARD, SUITE 715  
LOS ANGELES, CA 90048

**Current Mailing Address:**

6300 WILSHIRE BOULEVARD, SUITE 715  
LOS ANGELES, CA 90048 US

**FEI Number:** 92-0601460

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MBR  
Name PEGASUS ACQUIRER HOLDINGS LLC  
Address 10 S. RIVERSIDE PLAZA SUITE 1520  
City-State-Zip: CHICAGO IL 60606

Title AP  
Name MOKUOLU, CHARLES A  
Address 3333 WILSHIRE BOULEVARD, SUITE 625  
City-State-Zip: LOS ANGELES CA 90010

Title AP  
Name FITZGERALD, JOHN T  
Address 10 S. RIVERSIDE PLAZA SUITE 1520  
City-State-Zip: CHICAGO IL 60606

Title AP  
Name HANSEN, KENT A  
Address 10 S. RIVERSIDE PLAZA SUITE 1520  
City-State-Zip: CHICAGO IL 60606

*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:** MICHAEL RADCLIFF

**CONTROLLER**

**04/11/2024**

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

\_\_\_\_\_  
Date